TO HOSE AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death, Page 4 may be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete. After this certificate has been signed by the attending physician and complete. After this certificate has been signed by the attending physician and complete. Fages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1084 CERTIFICATE OF DEATH
1087

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) a. STATE b. COUNTY
ALLEGANY MARYLAND	ALLECANIV
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	c. City OR TOWN (If outside corporate limits, write RURAL end give nearest town)
cumberland	CUMBERLAND
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
MEMORIAL HOSPITAL	106 WILLS CREEK AVE / YES NO M
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer OF
(Type or print) THOMAS EDGAR	ARDINGER DEATH OCT. 1 161
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER ARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Iest birthday) Months Days Hours Min.
MALE WHITE WIDOWED TO DIVORCED	AUG. 12, 1900 61 yrs.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
Yard Master B. & O. Rwy.	W.VA. Berkeley County U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
THOMAS ARDINGER	FLORENCE SUE POISAL
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Ifyesgive wer or dates of service)	INFORMANT Address
	MEMORIAL HOSPITAL, CUMBERLAND, MD.
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)	ONSET AND DEATH
DUE TO	- Almanda
1. (0.5/\)	
gave rise to immediate ceuse	
(a), steting the underlying DUE TO	
cause last. (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT P	PERFORMED?
<u> </u>	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 20s. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. P.	LACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
nour a.m.	actory, street, office bldg., etc.)
Print.	ma- 1059 - 1011 10/10 (1) (1)
21. I certify that (I) (this hospital) attended the deceased from	
	at death occurred \$8.7AM Mirrom the causes and on the date stated above
228. IIGNATURE	ATTENDING MED. STAFF 10/0//SIGNE
	M.D. PHYS. DIRECTOR PHYS. 10/2/01
The PHYSICIAN'S NAME (Type) COORD ME SIMONS	
George M. Simons	Algonquin Hotel, Cumberland, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER' REMOVAL (Specify)	
Burial 10/4/61 Sunset Mem	orial Park Cumberland, Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
H. Wayne George, Cumberland,	Md. DATE OCT 5 '61 Quelon S. Thank

VR A15 (4) 15M 9/60

72 hours after death

1. PLACE OF DEATH

within 24 hours after

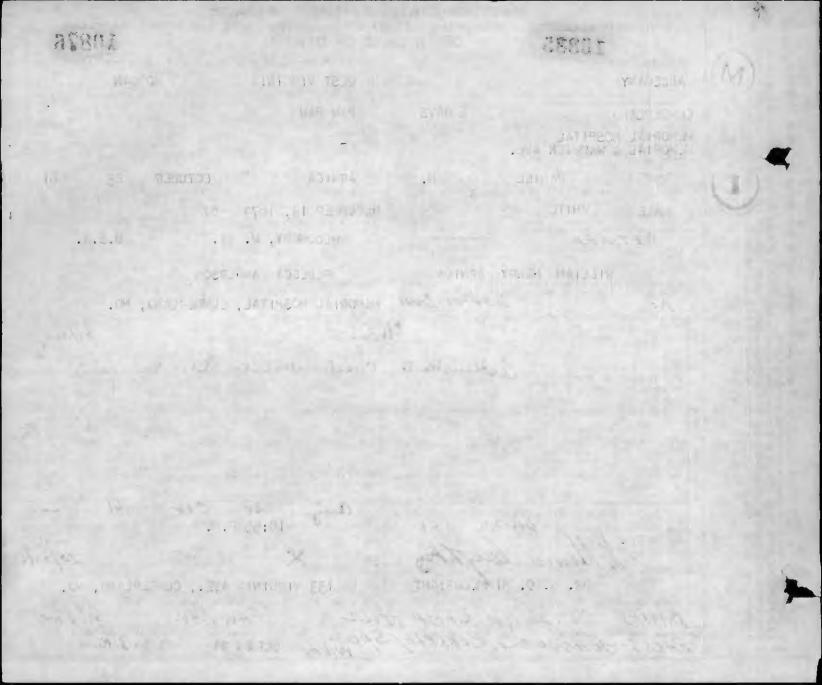
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1087 1088

11.2 IISITAL RESIDENCE (Where deceased lived, if institution, Residence before admission)

-		 										
3	5		(CER'	TIF	CA	TE	0	F D	EA	TH	1

	ALLEGANY		MARYLAND	WEST VIRG	INIA b.	MORGAN	
	b. CITY OR TOWN (in	f outside corporete limits,	c. LENGTH OF STAY IN 16		(If outside corporate limit		
C	UMBERLAND	give nearest town)	6 DAYS	PAW PAW			*
	ME MORIAL HO			d. STREET ADDRESS		85 X-	ON A FARM? YES NO
3.		WARWICK AVE.	Middle	Last	4. DATE	Month	Day Yeer
	(Type or print)	DANIEL	н.	ARNICA	DEATH OCT	OBER 2	1961
5.	SEX	6. COLOR OR RACE 7. MARR		DATE OF BIRTH	9. AGE (In	years IF UNDER 1 Y	
	MALE	WHITE WIDOW		ECEMBER 14.	1872 87	hday) Months Da	ays Hours Min.
10e	. USUAL OCCUPATI	ON (Give kind of work 10b.	KIND OF BUSINESS OR INDUSTRY		inty & State, or foreign co	ountry) 12. CITIZ	EN OF WHAT COUNTRY?
do	ne during post of wor	rking life, even if retired)		BI COMERY	r, W. VA.	U	J.S.A.
13.	FATHER'S NAME			14. MOTHER'S MAIDEN		- 1	
		JILLIAM HENDY	ARNICA	DEBECCA	ANDEDSON		
				REBLCCA NFORMANT		Address	
(Ye	s, no, or unkown) (II	yesgive wer or detes of service)	34-01-6-211 ME	EMORIAL HOSE	PITAL CHMRE	DIAND MO	
1		EATH (Enter only one cause per		PHOMINE 11001	TIAL, COMBE	GENTO, NO	INTERVAL BETWEEN
		H WAS CAUSED BY:	Uhe	u.			ONSET AND DEATH
	41	DUE TO		Marie Comment	*		C.
	Conditions, if any		Leves benten C	200 . 1 1 400	1.	46	3
	gave rise to immedia	ala ceuse	, vectos rundes c	accio-00	sector Di	on contin	
	(e), stating the ur	nderlying DUE TO					
z		SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDITIO	ON GIVEN IN PART 1	(e) 19. WAS AUTOPSY
ATIO							PERFORMED?
IFIC	20e. ACCIDENT W		SCRIBE HOW INJURY OCCURED.	(Enfer neture of injury in	Pert I or Pert II of item 1	B.)	
CER		MEDICAL EXAMINER)					
MEDICA	20c. TIME OF INJU Hour e.m.	RY Month, Dey, Yeer 20d Whi 19 et we	leNoi While feete	CE OF INJURY (Home, far pry, street, office bldg., et		(Count	(Stete)
	21. I certify ti	hat (I) (this hospital) atte	nded the deceased from	au	1940 to 00	196	.f., that (I) (we) last
	saw the deceas	ed, alive on Oct 2	3 19 6 /, and that	death occured at.1	.0:55 fr Br. Mhe ca	uses and on th	e date stated above.
	22a. SIGNATURE	1011	1 11	ATTENDING	MED. STAFF		22b, DATE
	XI	Malun ll	us The M.	D. PHYS.	DIRECTOR PHYS.		10/23/61
	22c. PHYSICIAN'S NAME (Type)		1 3	22d. ADDRESS			
	TAXAGE (17)Pa)	DR. G. O. HII	MELWRIGHT	133 VIR	GINIA AVE.,	CUMBERLA	ND, MD.
234	REMOVAL (Specify)	OCT. 26, 196	23c. NAME OF CEMETERY/C	CREMATORY LL	PAW PA	ity, town or county)	W. VA
24	FUNERAL DIRECTOR	'S SIGNATURE JOHNSONG,	BERRELEYS	UNI	C'D BY REGISTRAR 25	arthur 8.	



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VS. ATSME

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

10886 MEDICAL EVALUABLES CERTIFICATE OF DEATH

10000MEDICAL EXAMINERS	CERTIFICATE OF DEAT	H 70811
1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where dacassed live	
Allegany Maryland	40 0 0	YTHUO
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits,	Allegany
write RURAL end give naerast lown)	A Section of the transfer corporate times	will downs and give notices lowing
Cumberland	Ol Cumberland Maryl	end.
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	. IS RESIDENCE
		ON A FARM?
Memorial Hosp	33 S Centre St.	YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE OF	Month Day Year
(Type or print)	DEATH _	10
5. SEX 6. COLOR OR RACE 7 MADDIED NEVER MADDIED .	0	et 21 19 61
5. SEX 8. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In last birth	
FOR THE WIDOWED DIVORCED		res. Monins Days Flours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country)	132. CITIZEN OF WHAT COUNTRY
done during part of warding life Names is retired)		
Home	Kewser WVe	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MATDEN NAME	0 +10 +10 +
15. WAS DECEASED EVER IN U.S. ARMED FORCES? THE SOCIAL SECURITY NO. 1.17	INFORMANT Prince (Dec	eased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? TIS. SOCIAL SECURITY NO. 17. [Yes, no, or unknown] [[Ifyesgivawerordetesofservice]]	INFORMANT . Ad	dress
No.	16. W T D O 1 2	2 202
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	Mr. V. J. Bane. Cumberl	and Ma. I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY		ONSET AND DEATH
IMMEDIATE CAUSE (e) Gerebral Hemorri	here	21 Days.
331X DUE TO	nage	
3 3 7 //	Vascular Disease.	
Conditions, if eny, which gave rise to immediate cause	ASSCRIEL DISCUSS.	
(e), stelling the undarlying DUE TO		
cause lest,		
	OT RELATED TO THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	of Marine 10 1712 Income to proceed Contrillor	PERFORMED?
3		YES NO
E 208. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED.	Entar neture of Injury in Pert I or Part II of itam 18.)	
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.		
	ACE OF INJURY (Home, farm, 20f. (City or town)	(County) (State)
Hour e.m. While Not While	loty, arear, onice plug., sic.,	
		28-10.
21. I certify that I took charge of the remains described above, he	ald an Autopsy X. Inspection X. In	quiry X, and in my opinion
death resulted from: Natural causes X. Accident . Suice	cide . Homicide . Undetermine	d manner
23		
0 '+(1+	CHIEF MEDICAL EXAMINER	
SIGNATURE Semedict Skyarelic	M D ASSISTANT MEDICAL EXAMINER	DATE SIGNED
,00,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DEPUTY MEDICAL EXAMINER X OC	tober 21,1961
EXAMINER'S NAME (Type)		
UP. Kenedict Skitanelie M.	Addrass (Street, city, town, or county) REMATORY 22d. LOCATION (City,	RD o Cumberland Md.
228. BURIAL, CREMATION, 226. DATE THEREOF 222. NAME OF CENTERRY OF REMOVAL (Specific)	REMATORY 22d. LOCATION (City,	town, or country) (Stata)
Buren 10124/6/ Xaves Men	o Karp Cum head	lend Ma
23. FUNERAL DIRECTOR ADDRESS	248. REC'D BY REGISTRAR I 24b.	REGISTRAR'S SIGNATURE
The contract of the contract o	100 ()	
Lace seen the I limber	OCT 2.5 '61	1 . I Lin & Marian

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION PRODUCTION RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10878

1. PLACE OF DEATH o. COUNTY			E (Where deceased lived, If institution: I	Residence before edmission)
ALLEGANY	MARYLAND	e. STATE WEST	VIRGINIA 6. COUNTY MI	NERAL
b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporete limits, write RURAL end	give nearest town)
CUMBERLAND	5 DAYS	RIDGEL	EY	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	spitel, give street eddress)	d. STREET ADDRESS	8, Cr	6. IS RESIDENCE ON A FARM?
SACRED HEART HOSPITAL		124 M	AIN ST.	YES NO
3. NAME OF DECEASED	Middle	Lest	4. DATE Month	Day Year
(Type or print) EMMA		BARNCORD	DEATH OCT. 2	19 61
5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In yeers IF UNDER 1	
FEMALE WHITE WIDOWS		ARCH 11, 188	1 80 yrs.	Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Count	y & Stele, or foreign country) 12. CIT	IZEN OF WHAT COUNTRY?
Houseville	wn Home	PA. Fi	ine.	U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN I		
44		T		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116.	SOCIAL SECURITY NO. 17. I	Lucinde?	Address	
(Yes, no, or unkown) (Ifyesgivewerordatesofservice)	-			
- Mary		ATTENTS CHAR	<u> </u>	1 INCTERVAL BETWEEN
*18. CAUSE OF DEATH (Enter only one cause per		0		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Centi carona	my acelus	n	/hom_
DUE TO		200		1
Conditions, if any, which \ (b)	tevorlenti	heart dos	200e	12/an
(e), steting the underlying Due 10	realized out	Toller.		2 Her
			AL DISEASE CONDITION GIVEN IN PART	I (a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CON-	ANNUAL TO DEATH BOT INC	T KLEATED TO THE TERMIN	AC DISEASE GOLDING! GIVEN III.	PERFORMED?
206. ACCIDENT WAS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURED	(Enter neture of injury in P	ert I or Pert II of item 18.)	
20c. TIME OF INJURY Month, Dey, Year 20d. While the p.m. 19		CE OF INJURY (Home, ferm ory, street, office bldg., etc.)		inty) (Stete)
				,
21. I certify that (I) (this hospital) atten				
saw the deceased alive on 10-1	196/, and that	death occured at	M, from the causes and on	the date stated above.
22a. SIGNATURE		4 97 94 19 14 19	CTAFF	22b. DATE SIGNED
1 Knings	M		STAFF	10/3/61
22c. PHYSICIAN'S		22d. ADDRESS		
"LE IIS" BRINGS, M.D.		57 GR	EENE ST., OMBERIAN), MD.
23e. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or count	
REMOVAL (Specify) 10/5/61	Hillcrest Bur	ial Park	umberland, lar	yland
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 256. REGISTRAR'S	SIGNATURE
	cland: Maryland	DATECT	14 '61	der .
COLUMN CO MATERIAL CONTINUES	The state of the s	I DAILE	[4 '61 Chilling &	Theres -

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10888 CERTIFICATE OF DEATH

765									
1	1. PLACE OF DEATH a. COUNTY	2		CE (Where deceased lived	, If institution Resi	dence before edmission)			
/	ALLEGANY	MARYLAND	" WEST VIE	RGINIA		ERAL			
	b. CITY OR TOWN (if outside corporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits,	write RURAL and g	ive necrest town)			
	write RURAL and give neerest town) CUMBERLAND,	20 DAYS	RIDGELE	Y	8	5×-3			
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	pitel, give street eddress)	d. STREET ADDRESS			o. IS RESIDENCE ON A FARM?			
0	MEMORIAL HOSPITAL			IDGE STREET		YES NO			
	3. NAME OF First DECEASED	Middle	Last	4. DATE M	onth	Dey Year			
	(Type or print) PAUL	William 80	ND	DEATH OC	OBER	29 19 61			
	S. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED 1 8. D	ATE OF BIRTH	9. AGE (In yellest birthd	Months Da				
	MALE WHITE WIDOWE		ARCH 14. 19	904 57 yr	THOUSAND DO	ys Hours Min.			
	10e. USUAL OCCUPATION (Give kind of work 1Db. K	IND OF BUSINESS OR INDUSTRY			ntry) 12. CITIZE	N OF WHAT COUNTRY?			
	done during most of working life, even if retired) CARPENTER B.	& O. R.R.CO.	WEST V	IRGINIA	U.	S.A.			
1	13. FATHER'S NAME	14	. MOTHER'S MAIDEN	NAME					
	JOHN W. BOND		Sarah	KESNER					
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. INF	ORMANT	Ado	iress				
	(Yes, no, or unkown) (Ifyesgive werordatesofservice)	17-10-1776 ME	MORIAL HOSE	PITAL - CUME	BERLAND.	MARYLAND			
	18. CAUSE OF DEATH [Enter only one ceuse per	line for (e), (b), end (c),				INTERVAL BETWEEN			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Sestre St	rock			34 Trica			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) Conditions of the conditions o								
	Condition it any which ?								
	Conditions, if eny, which (b)				-				
	(a), steting the underlying DUE TO	Lift gergo.	rese tros	10					
	ceuse lest. (c)	17 13				THE WAS ALTONOM			
	PART II. OTHER SIGNIFICANT CONDITIONS COL		RELATED TO THE TERMI	NAL DISEASE CONDITION	GIVEN IN PART I	PERFORMED?			
	PART II. OTHER SIGNIFICANT CONDITIONS CON	rong deler	8163			YES NO			
	2De. ACCIDENT WAS UNDERLYING 2Db. DES OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURED. (E	nter nature of injury in	Peri I or Part II of item 18.)					
		INJURY OCCURRED 200. PLACE	OF INJURY (Home, fare	m, 2Df. (City or town)	(County	(State)			
	Hour a.m. While	eNot While factory	, street, office bldg., atc						
		rk el work	71	1	- T				
	21. certify that (I) (this hospital) atten	ided the deceased from	19 00	190 A M.	G. C.T, 19.6	2, that (I) (we) last			
1	saw the deceased alive on	19.67, and that d	eath occured at	M, from the caus	es and on the	date stated above.			
	220. SIGNATURE James 6,	trogonair M.O.		MED. STAFF	П	22b. DATE SIGNED			
	22c. PHYSICIAN'S OR. STEGMALER	J M.U.	4	2 S. CENTRE	ST.				
1	DR . XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	KAR'Y YARDAYCHAR	XXXXXXXX	*****************	CUMBERL	AND MO.			
1	23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d, LOCATION (City		(Stele)			
1	PEMOVAI (Specify)	Restlawn Memo							
1	Burial 10/31/61	Kestlawn Memo		C'D BY REGISTRAR 25b.					
	H. Wayne George Cumb								
	nayne dedige oumb	DE EGITA MAS	DATE N	01 2 01	Chrima S. F.	isaud			

5000 WANTED LIA DESIGNATION OF THE RESENTAL

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TO, SINGLE MANAGEMENT, MANAGEMENT, ULLELIN, 10.

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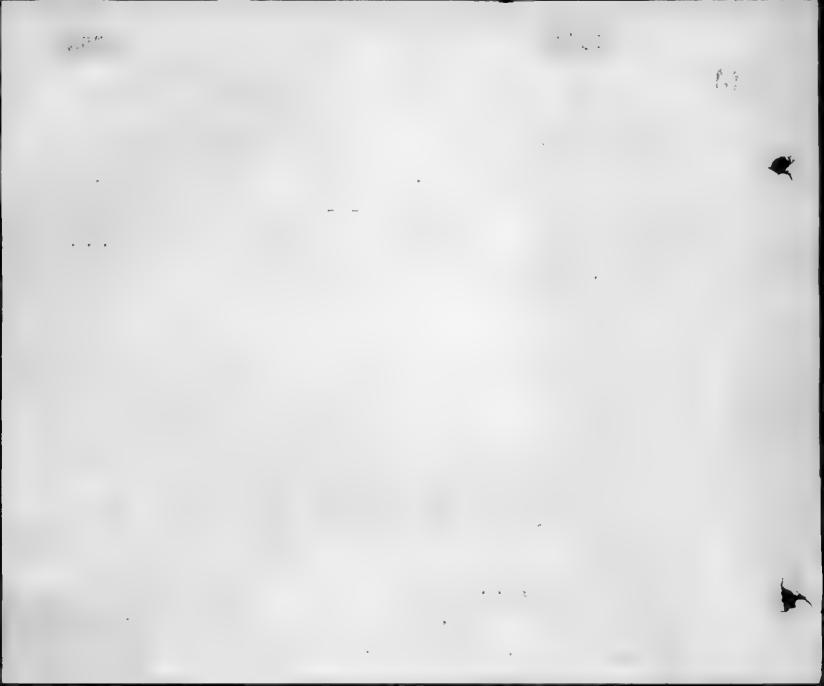
E.A. 6.00: F

oth. Page 4

ARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If institution, Residence before admission) e. COUNTY b. COUNTY a. STATE ALLEGANY MARYLAND MARYLAND ALLEGANY and b. CITY OR TOWN (if outside corporete limits. E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata l.m'ts, write RURAL end give neerest town) ۵ write RURAL end give nearest town <u>.e</u> -_ hours after CUMBERLAND CUMBER LAND Pages filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO SACRED H EART HUMB IRD NAME OF DATE Year Middle DECEASED OF (Type or print) DEATH GEORGE F. BUSKEY OCTOBER. 19 9. AGE (In yeers | IF UNDER I YEAR IF UNDER 24 HRS. 6. COLOR OR RACE B. DATE OF BIRTH .7. MARRIED IN NEVER MARRIED last birthday) and Months 68 yrs. WIDOWED ! DIVORCED T MALE physician 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY I 12. CITIZEN OF WHAT COUNTRY remove 11 BRIMPLACE (County & Stelle, or foreign country) done during most of working life, even if retired) Railroad RETIRED Pipefitter MARYDAND U.S.A. 13. FATHER'S NAME attending pl Then please r 14. MOTHER'S MAIDEN NAME and (Decker) KATHERINE BUSKEY GEORGE M. BUSKEY Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT Address oval, (Yes, no, or unkown) (If yes give war or dates of service) 705-05-4780 Ф 18. CAUSE OF DEATH [Enter only one cause per INTERVAL BETWEEN line for (e), (b), and (c), ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+) DUE TO Conditions, if eny, which (6) geve rise to immadiate cause **DUE TO** (a), stating the undarlying PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY certificate PERFORMED? 35 NO F use 20a. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of intury in Pert I or Pert II of item 18.) OR CONTRIBUTING TI CAUSE OF DEATH etached for (IF EITHER, NOTIFY MEDICAL EXAMINER) After 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stefe) Month, Dey, Yeer factory, street, office bldg., etc.) Not While While et work et work may be retaine 21. | certify that (I) (this hospital) attended the deceased from ... 1 6-15 19.4 1 to 10 - 28 1961, that (I) (we) last Ş. M, from the causes and on the date stated above. should , and that death occured at... saw the deceased 22b. DATE 22a. SIGNATURE ATTENDING. STAFF SIGNED DIRECTOR PHYS. PHYS. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Earl Paul, M.D. director, 23a, BURIAL, CREMATION. | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (State) REMOVAL (Specify) SS.Peter & Paul Cumberland, Md. Buriai 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE NOV 1 James F. Scarpelli, Cumberland, Md. 15M 9/60 arihur & Kraus

death



director, VR A15 (4)

24 FUNERAL DIRECTOR'S SIGNATURE Ruth E. Silcox

Maryland INTERVAL BETWEEN ONSET AND DEATH mos.

Months

PERFORMED? NO X

(State)

ALLEGANY

e. IS RESIDENCE

Year

19

Hours

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

IF UNDER 24 HRS.

ON A FARM? YES NOT

(County) (State) 1901., that (I) (we) last

22b. DATE SIGNED

Cumberland. Md.

25a, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE

Maryland

ADDRESS

Cumberland

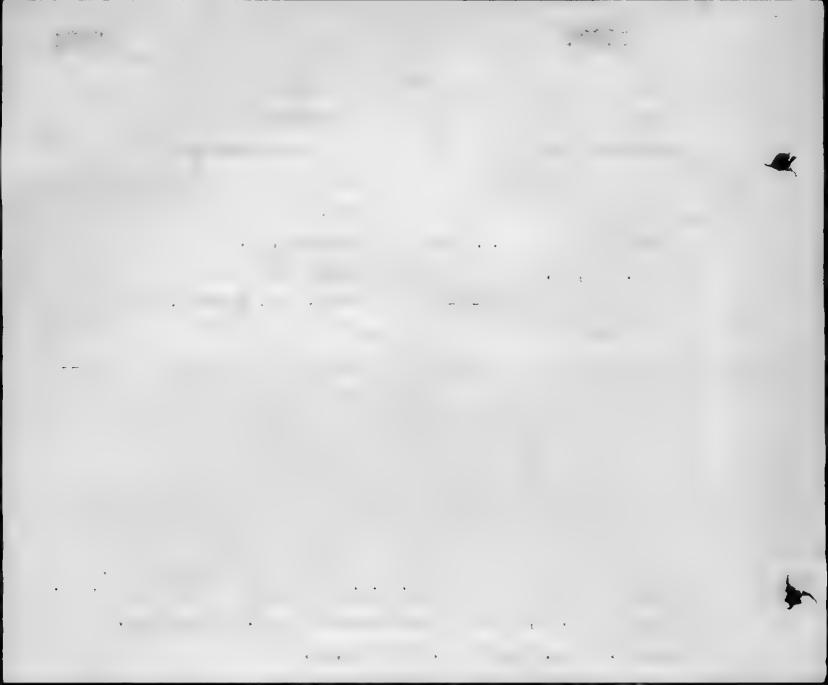
DATE OCT 2 6 '61

Cirthun S. Kraus

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 2. USUAL RESIDENCE (Where deceased lived, If institution Residence before adm.ssion) 1. PLACE OF DEATH I director, Page or your files, oard of Health, a. COUNTY a. STATE b. COUNTY Page **Allegany** MARYLAND Allegany Maryland b. CITY OR TOWN (if outs de corporata imits, c. CIY OR TOWN (If outside corporate limits, write RURAL and give nearest town) E. LENGTH OF STAY IN 16 For your f write RURAL and give nearest town! Cumberland Cumberland
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street address) STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO ned 949 Maryland Avenue Maryland Midd e DECEASED OF (Type or print) DEATH to th RICHARD **JOHN** 1961 DARR October ē, 6. COLOR OR RACE T. MARRIED NEVER MARRIED X IF UNDER 24 HRS. 8. DATE OF BIRTH AGE (In years , IF UNDER 1 YEAR 2, and 3 5 may nd 2 cond fast birthday) Months Days WIDOWED DIVORCED VIS. Male May 14. 1918
RY 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? PM3. Page done during most of working life, even if retired) in pencil in Item 18. Give Pages 1, U.S. Army Cumberland, Md. USA pages 1 Infantryman
13. FATHER'S NAME Minnie Hollow John R. Darr, Sr. Minni

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO., 17. INFORMANT E form Address (Yes, no, or unkown) | (If yes give war or detes of service) permit, Raymond E. Darr, Parkville, Maryland w.th 218-24-8276 certificate should be executed INTERVAL BETWEEN 18. CAUSE OF DEATH |Entar only one cause per line for (a), (b), end (c) } Examiner's Office along ve used as a burial-transit partion, or removal, and in ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CORONARY OCCLUSION SUDDEN IMMEDIATE CAUSE (a) **DUE TO** CORONARY SCLEROSIS WITH THROMBOSIS Conditions, if any, which gave rise to immediate cause "pending" **DUE TO** (a), stating the underlying cremation, PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? 2 execute the certificate, writing the word NO IX Medical MEDICAL EXAMINER: This bluods 20b. DESCRIRE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | burial CAUSE OF DEATH. m 20d, INJURY OCCURRED 20a, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year age __Not While 0 Whie at work at work forwarded to the L DIRECTOR: Pa prior Inspection X 21. I certify that I took charge of the remains described above, held an Autopsy ... Inquiry and in my opinion Natural causes X Undetermined manner death resulted from Accident Surcide Homicide I CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for PUNERAL I SIGNATURE S October 13. 1961 DEPUTY MEDICAL EXAM NER **EXAMINER'S** BENEDICT SKITARELIC M.D. Address (Sireel, city, town, or county) CUMBERLAND. NAME (Typa) 9956 22c NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, fown, or country) (Stata) 22a, BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) ₽40 p Oct. 16, 1961 Zion Memorial Cemetery Buria1 Nr. Cumberland. 23. FUNERAL DIRECTOR Circling S. Thomas VS. A15ME Charles L. George, 202 Greene St. Cumberland, Most

MARYLAND STATE DEPARTMENT OF HEALTH



FOR STATE HEALTH DEPT.

TO DEFUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the internal director, Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be refained for your fles.

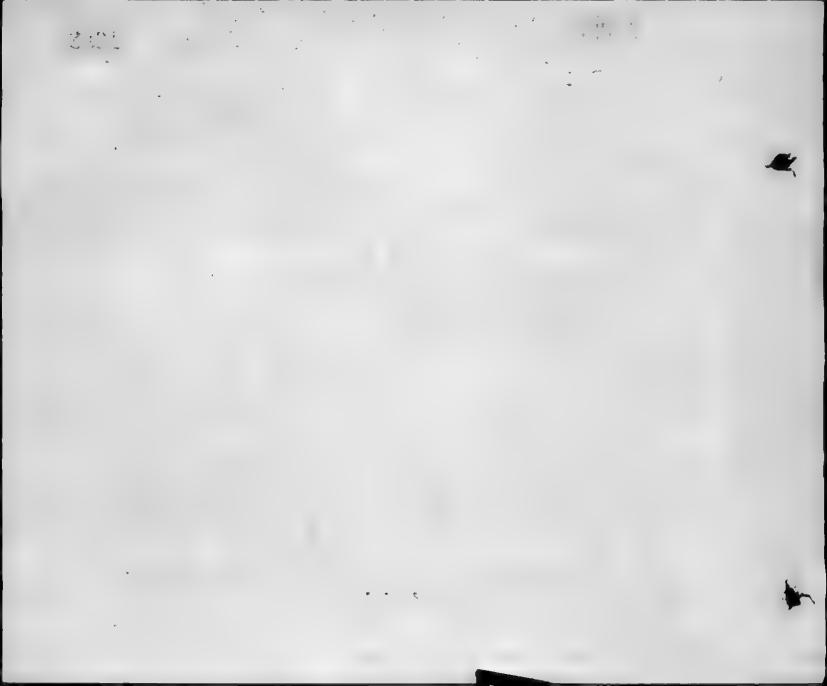
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Heesth, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

301 W. PRESTON STREET, BALTIMORE 1, 10885 DIVISOR STATISTICAL RESEARCH AND RECORDS, MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
N		MARYLAND	Maryland 67 loguny
Ŧ	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	e. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
-	d. NAME OF HOSPITAL OR INSTITUTION (IF not in hos	3 days pital, give street address)	d. STREET ADDRESS ON A FARM?
5	Memorial Hospital		Route 4, Box 87,01dtown Rd. VES NO X
3	. NAME OF First	Middle	Last 1 4. DATE Month Day Year
	DECEASED (Type or print) EV2	F.	Davis Death Oct.14 1961
-	S SEX 6. COLOR OR RACE 17. MARRIEI		DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
			AG DY 1007 last birthday) Months Days Hours Min.
-	1 011101110		Way 60, LOO / 14 yrs. 12, CITIZEN OF WHAT COUNTRY?
	dona during most of working life, even if retired)		7 77 187 77.
_	Houseville	Own Home	MAYSVILLE, W. Va. USA.
7	J. FATHER'S NAME		
1	Henry Frentz 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. Yes, no, or unknown [(lifyes give war or dates of service)	SOCIAL SECURITY NO., 17. E	NFORMANT Margaret Hawk
	no	1.1	s. John Emery, Cumber Land, id.
П	18. CAUSE OF DEATH Enter only one cause per la		INTERVAL BETWEEN ONSET AND DEATH
	PART DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	PULMONARY	EDLIA, CARDIAC FAILURE 2-3 days_
ı	420.) DUE TO	ለግ የገኘን ለጎን የ ም <i>ር</i> ኒ . ን ና	WOOLD, TILTO
Т	Conditions, flany, which (b)	CHRUNTE I.	YOCARDITIS
Т	gave rise to immediate cause DUE TO	700 031 × 50	T GOLL DOGLO
	cause lost. (c)		Y SCLEROSIS -
3	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRAUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	FRACTURE RI	GHT HIP	YES NO
TOTAL OUTSIANS	20a. EXTERNAL CAUSE WAS TO PRIMARY OF CONTRIBUTING A	BE HOW INJURY OCCURED, (E	nter nature of injury in Part I or Part II of Item 18.)
- 1	I HESCE	nding stairs	.missed bottom ster and fell
	120c. TIME OF INJURY Month, Day, Year 20d,	nding stairs	CE OF INJURY (Home, farm, ; 20f. (City or town) (County) (State)
1	While 7-15 p.m. OC 19 6 at wor	Not While HOTA	cry, street, office bldg., etc.) Cumberland-Allegany Md.
	21. I certify that I took charge of the rem		
	death resulted from. Natura, causes X		
			CHIEF MEDICAL EXAMINER
	ACTUAL (2 1 + X	Bitabil!	ASSISTANT MEDICAL EXAMINER TO DATE SIGNED
	SIGNATURE DENE COLO D	knamic	DEPUTY MEDICAL EXAMINER X OCT, 141, 1961
	EXAMINER'S BENEDICT SKI	TARTITOS M D	
2	28. BURIAL, CREMATION, 226 DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, lown, or country) (State)
	REMOVAL (Specify)	Dattie Homeni	I Country Companies
-	Burial 1000.17, 1901	Davis Memori	24 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	To the E Convention Co	whom? and and	- DATECT 1 7'61 author S. Kraus
Ļ	Ja es F. Scarpelli, Cu	under religi	· DARCT 17'61 Cirling &, Trails



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4					10894		CERTIFICA		-			10886	
Page in interctor	M		1. P	LACE OF DEATH	Allegan	v	MARYLAND	2, USUAL R	esidence (M	/here deceased lived	COUNTY	esidence before on	
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e funeral				RURAL ond give r		11	1/6/59	1	Cumbe	rland			
after the shou	~	7	d	OR INSTITUTION	TAL (If not in hospital, g	ive street oddre	ss)	d. STREE	T ADDRESS			e. IS	RESIDENCE
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à à	,	4		ECEASED	Fir	st	Middle		Last	4. DATE OF	Month	Day	Yeor
Fills	eath	- 1	() S S	(ype or print)	6. COLOR OR RACE		Rachae	B. DATE OF 8	ean		E (in years IF to	NDER 1 YEAR IF U	19 61
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mple pers.	ž.	ł		USUAL OCCUPATI	White ON (Give kind of work	done 10h KIND		JSTRY 11. BIRT				2 CITIZEN OF WH	IAT COUNTRY?
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be ex	72		13. 1	ATHER'S NAME		1 0111	i ii Onio		ER'S MAIDEN		4.29	0.00	7
iciar e co	₽ ()		Ephram Tu	cker				Mary Jar	e Perk	ins	
phys mav	£ 1			NAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16. SOCIA	AL SECURITY NO. 17.	NFORMANT P	.0.Bo	x 599	Address	umberla	nd, Md.
h ce	eve			No.		N	one A	llegan	y Cou	nty Inf:	rmary		
deat tend pleas	any				ATH [Enter only one co		(o), (b), and (c).]	44				INTERVA ONSET	L BETWEEN
the of e of	in in			1/ O A	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	U Flore	ees Vich	Chia	Pul	monary			
thot i by th	E /			472	DUE TO	(G) D	1	M 41		the six opening			
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sign t pe	Ē			lying couse lost.		3) (enp	Ragen	Rabie	2/10	0810/1	KAPIL	On Px 1	Leb -
icial een ronsi	p .		Z		HER SIGNIFICANT CON	IDITIONS CONTR	RIBUTING TO DEATH BY	T NOT RELATED	TO THE TER	MINAL DISEASE CON	DITION GIVEN I	N PART/(o) 19. V	AS AUTOPSY
physical phy	ofici		CATION				•		' /				NO X
AN: The	, crem		CERTIF	20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER	20b. DESCRIBE	HOW INJURY OCCURR	ED (Enter notu	re of injury is	n Part 1 or Part II of	item 18)		
SICI/ after	lorial		\sim	20c. TIME OF INJU	RY Month, Day, Ye			LACE OF INJUI	RY (Home, for	rm, 20f. (City or to	wn)	(County)	(Stote)
PHY al or al or this o	4		MED	Hour om. p.m.	19	ot work	at work	octory, street, o	mice biag., e	70)			
ING Dspit fier d fa	prior			21 I certify th	at (I) (this haspital	l) attended t	he decepsed from	11/6/	591	2 . to 10	5/61	19, that	(I) (we) last
in her	£			saw the decec	sed alive on 10	/5/61 9	49 1: 200 Par	death accui	rred at	_ M, fram the	causes and a	n the date sto	
det det	至			22o. SIGNATURE	111000			M D. PHYS	DING	MED STA	FF		22b DATE SIGNED
or o	o o			22c. PHYSICIAN'S	1114/12	Leady	161	M.D. PHYS.		MED STA	vs []X	10/	6/61
	e Baa			NAME (Type)	Dr. Lee	B. Ma	thews		49	Greene	St.,Cu	mberlar	id,Md.
HOSE SER ay be ser FUNERAL age 3 shar	Stat		23a.	BURIAL, CREMATIC	ON, 236 DATE THEREC		NAME OF CEMETERY			23d LOCATION ((Stole)
May E	#			Burial			ose Hill	Cemete				Marylan	d
VR A1S (4)	1	1	24	UNERAL DIRECTOR	r's signature le George		address rland. Mo			OCT 9 '61		R'S SIGNATURE	
1\$M 9/59		×,		ii wayi	- Course	O WHILL C	a Land III		DATE	4.7.2 OI	- Cirl	ins S. Than	4



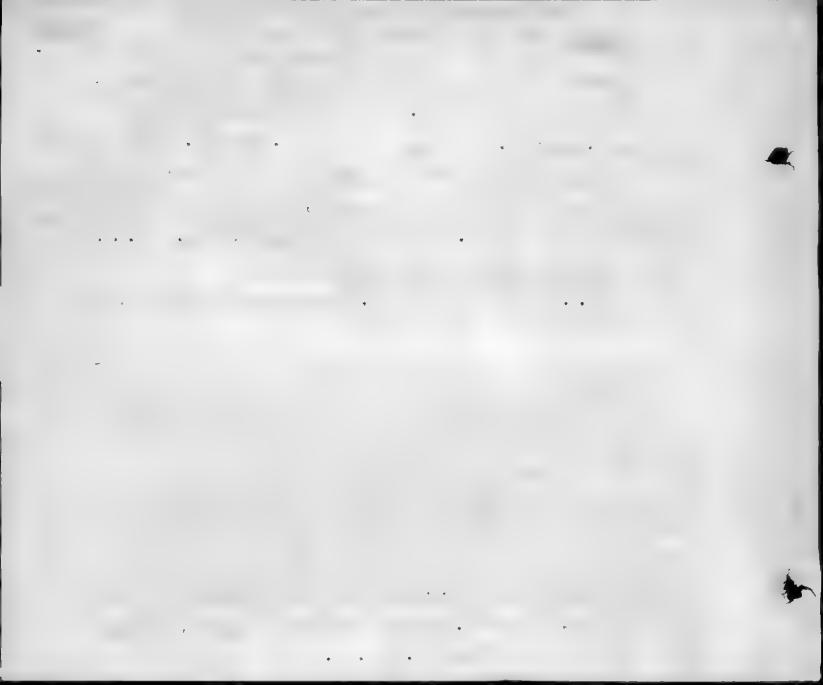
VS. A15ME(5) SM 9/55

MARYLAND	STATE	DEPARTMENT	OF HEALTH-	-BALTIMORE,	18
MACDIC	AL EV	A AAINIEDIC C	COTICIO ATE	OF DEATH	

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		1	US	3 1
eg.	Dist.	No.		

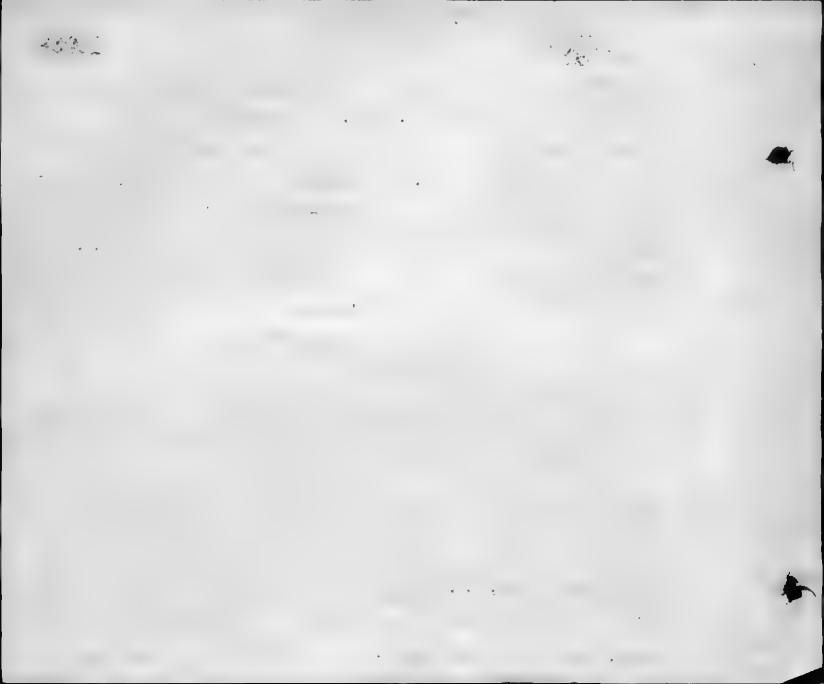
D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Cumberland C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Cumberland C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Cumberland C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Cumberland C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Cumberland C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Cumberland C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Cumberland C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) C. CITY OR TOWN (If outsid
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ALO N. Centre St. 3. NAME OF DECRASED (Type or print) S. SEX 6. COLOR OR RACE White Widow DIVORCED DIVORCED DIVORCED March 17, 1887 DATE Windle Windle Windle Windle Windle Divorced March 17, 1887 Divorced
Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) A.49 N. Centre St. A.49 N. Centre S
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ALQ N. Centre St. ALQ N. Centre St. ALQ N. Centre St.
Ady No Centre St. 1449 No Centre St. 15. NAME OF OCCASED (Type or print) 15. SEX OCCUPATION (Give kind of work done of the control of working life, even if retired) 16. SCIDENT OCCUPATION (Give kind of work done of the control of working life, even if retired) 16. COLOR OF RACE (The control of working life, even if retired) 16. COLOR OF RACE (The control of working life, even if retired) 17. MARRIED NEVER MARRIED (B. DATE OF BIRTH (and birthday)) 18. DATE OF BIRTH (DEATH OCCUPATION) 19. AGE (In year) 19. AGE (In year) 19. AGE (In year) 19. MORE IT UNDER 14 ARS. 100. USUAL OCCUPATION (Give kind of work done) 101. BIRTHPLACE (Stote or foreign country) 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY U.S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO.) 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. DATE Month Day 19. AGE (In year) 19. ANOTHER SEATON OCCUPATION (Give kind of work done) 10. USUAL OCCUPATION (Give kind of work done) 10. USUAL OCCUPATION (Give kind of work done) 10. CITIZEN OF WHAT COUNTRY U.S. A. 10. CITIZEN OF WHAT COUNTRY U.S. A. 11. MOTHER'S MAIDEN NAME 12. CITIZEN OF WHAT COUNTRY U.S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO.) 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. DATE OCCUPATION (Give kind of work done) 19. AGE (In year) 19. AGE (In year) 19. AGE (In year) 19. CITIZEN OF WHAT COUNTRY U.S. A. 19. CITIZEN OF WHAT COUNTRY U.S. A. 10. Address (17. INFORMANT)
3. NAME OF DECEASED (Type or print) ABNER ROSS DEITRICH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED NOT DIVORCED MArch 17, 1887 Male White WIDOWED DIVORCED March 17, 1887 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter 10. Lebanon County, Penna. 11. BIRTHPLACE (Slote or foreign country) Lebanon County, Penna. 12. CITIZEN OF WHAT COUNTRY U.S. A.R. MOTHER'S MAIDEN NAME Louisa Miller 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
(Type or print) ABNER ROSS DEITRICH DEATH October 9 19 61 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NE
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Male White WIDOWED DIVORCED March 17, 1887 74. yrs. 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter 13. FATHER'S NAME Cyrus Deitrich 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
Male White WIDOWED DIVORCED March 17, 1887 74 yrs. Months Days Mours Min. 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter Contr. Painting Lebanon County, Penna. 13. FATHER'S NAME Cyrus Deitrich 14. MOTHER'S MAIDEN NAME Louisa Miller 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
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Cyrus Deitrich IS. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no., or unknown) (1) yes, give wor or dotes all service)
15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes, give was or dates all service)
Tet, no, or unknown] (1) yes, give wat or dates at service)
100 Name National Transfer Deloi Con Commercial Rain National Transfer Natio
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL SETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED 87: CORONARY OCCLUSION Sudden
420.1 DUE TO
Conditions, if ony, which) (b) CORONARY SCLEROSIS
gove rise to immediate cause {o}, stating the underlying DUE TO
couse last. (c)
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY
PERFORMED?
20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. Fenter nature of injury in Part Los Part Lo
PRIMARY G of CONTRIBUTING G CAUSE OF DEATH.
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour e. m. While Not while of work o
21. 1 certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that
death resulted from: Natural causes
declinives discrete them. Therefore costs 22, Additionally, Solicide [1, Millimetide [1], Onderer mined costs [1].
ACTUAL SIGNATURE FLENE CLET SELECT AD CHIEF MEDICAL EXAMINER [] DATE SIGNED
ASSISTANT MEDICAL EXAMINER
EXAMINER'S NAME (Type) Benedict Skitarelic, M.D. DEPUTY MEDICAL EXAMINER (X October 9, 1961
270. BURIAL, CREMATION, 27b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
Burial Oct. 12, 1961 St. Patricks, Cemetery Cumberland, Maryland
23. PUNERAL DIRECTOR'S SIGNATURE ADDRESS [240. REC'D BY REGISTRAT'S SIGNATURE
Joseph Stary Jun 117 Frederick St. Cumb. Md. DATE OFT 13'61 Chiller S. Kinus



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10896 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission a. COUNTY **b.** COUNTY ALLEGANY MARYLAND MARYTAND

C. CITY OR TOWN (If outside corporate simils, write RURAL end give nearest town) b. CITY OR TOWN (if outs de corporate limits, C. LENGTH OF STAY IN 16 write RURAL and give nearest town) .⊆ 10 hrs. 45min. CUMBERLAND CUMBERLAND e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? YES NO SACRED HEART papers NAME OF DECEASED comple DEATH (Type or print) ANNETA FRADISKA AGE (In years | IF UNDER YEAR pou 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH IF UNDER 24 HRS. W. last birthday) and Months DIVORCED [FEMALE 12. CITIZEN OF WHAT COUNTRY? 1Da. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retirad) HOUSEWIE U.S.A. MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME guip 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT

(Yes, no, or unknown) | (If yes give war or dates of service) 0 Address PT'S CHART 18. CAUSE OF DEATH [Enter only one cause per line for (a), .b), end (c).] INTERVAL BETWEEN Ocute cornery occlusions PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying PHYS.
y the hospital
'is certificate ha'e as the t PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY PERFORMED? NO 1 20a. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW IN URY OCCURED, (Enter nature of 'njury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH Month, Day, Year 2Dd. NJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 1 2Df. (City or town) (County) 20c. TIME OF INJURY While Not While factory, streat, offica b.dg., etc.) Hour a.m. al work at work 21. I certify that (i) (this hospital) attended the deceased from N-3-saw the deceased alive 22a. SIGNATURE SIGNED DIRECTOR PHYS. director, page 3 22d. ADDRESS 22c. PHYSIC AN S NAME (Type) Lewis Brings. M.D. 238. SURIAL, CREMATION, | 236. DATE THEREOF (State 1 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) REMOVAL (Specify) Odd Fellows Cenetery 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE Burja 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE OCT 3 0 '61 15M 9/60 Chilling & House Cumberland. Md. Hafer



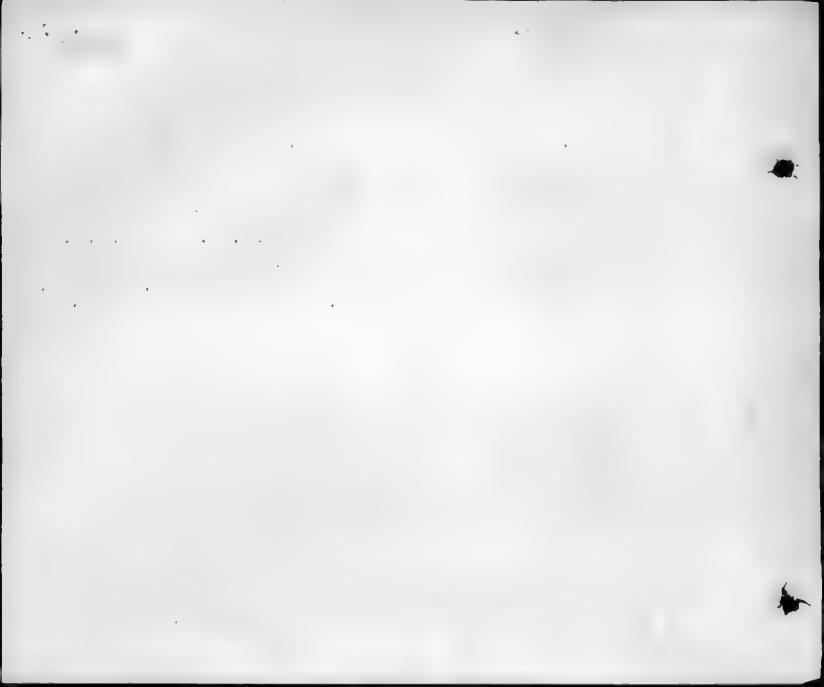
VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

10897 CERTIFICATE OF DEATH

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-										
1.	place of DEATH a. COUNTY	ALLEGANY		MARYLA		STATE MAR	(Where deceased YLAND	d lived. If instituti b. COUNTY		
-	b. CITY OR TOWN (I	If outside corporate limit	s, write	c. LENGTH OF STAY IN	1 1b (. CITY OR TOWN	(If outside corpo	orale limits, write R	URAL and give	nearest town)
	CUMBERIA	ND		50 yrs		2	CUMBERI	LAND		
Г	d. NAME OF HOSPIT OR INSTITUTION	FAL (If not in hospital, gi	ive street	address)	1	d. STREET ADDRESS	S			e. IS RESIDENCE ON A FARM?
L		440 N. Medh				440 N	Mechani	Lc Street		YES NO
3.	NAME OF DECEASED	Firs	it	Middle		Last	4. DATE OF	Mor	rth	Day Year
	(Type or print)	MIN	14 43	SARAF	Ι	FRAME	DEATH	Dete	ber_l	3 19.61
5.	SEX	6 COLOR OR RACE	7 MARI	RIED NEVER MARRIED	B DA	TE OF BIRTH		9. AGE (In years lost birthday)	Manths Day	AR IF JNDER 24 HRS
	Female	White	WIDOW	ED DIVORCED		/11/1881		80 yrs	mollins Doy	s Hours Adin.
10	O USUAL OCCUPATION	ON (Give kind of work o king life, even if retired)	lone 10b	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (St	tate ar fareign c	auntry)	12. CITIZEN	OF WHAT COUNTRY
П	Housewi	fe				Roseda	ale. W.	Va.	U.	S. A.
13	B. FATHER'S NAME				14	MOTHER'S MAIDE	N NAME			
	J	ames Shambl	im			Eve	elvn Bis	shop		
	WAS DECEASED EVE	R IN U. S. ARMED FORE	CES? 16.	SOCIAL SECURITY NO.	17 INFOR				Ma. Mech	anic St.
1	No	fit kes" fire was at one ones or se	N VICE)		N	irs. Harry	v Duelewe	orth Cimb		
F	18. CAUSE OF DEA	ATH [Enter only one co	use per li	ne for (o), (b), and (c).]	. /	1			10	NTERVAL BETWEEN
	PART I DEA	TH WAS CAUSED BY:	. /	Louis It	tre U	14-1-0-				NSET AND DEATH
	163X	DUE TO		7 -	×= ×	9				S. Marie Care
ı	Conditions, if o	more makfala V								
	gave rise to i	mmediate (
	lying couse lost.	the under-		-						
Z				CONTRIBUTING TO DEAT	H BUT NOT	RELATED TO THE TE	ERMINAL DISEAS	E CONDITION GI	VEN IN PART I(o	19. WAS AUTOPSY
ATIC										PERFORMED?
CEPTIFICATION	200 ACCIDENT W	AS UNDERLYING []	20b. DES	CRIBE HOW INJURY OCC	CURRED. (En	ter noture of injury	in Port I or Par	rt II of item 1B.)		
P. C.	(IF EITHER, NOTIFY	AS UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)								
4	20c TIME OF INJUI	RY Manth, Day, Yea	or 20d. I	NJURY OCCURRED 2		OF INJURY (Hame, I		y or town)	(Coun	ity) (State
MEDICAL	Hour a.m.	19	While at war		foctary,	street, office bldg.,	etc.)			
1		sa (IV (ship becoming)		0 0 1	3 .	- /	10/1/	10-13-	10-1	that (I) (we) los
	21. I certify ind	or (I) (mis nospiral	orrend	ded the deceased fr	rom		19.9710	the second		mar (I) (we) los
	220 SIGNATURE	sed dilve on_Z_C	J	ITEL 1794 - ond I	not deoti	occurred ore,	CT IN, Trom	rne couses of	id on the do	22h DATE
	100 0.017770112	1. This			M.D	ATTENDING PHYS	MED DIRECTOR	STAFF PHYS		SIGNE
П	22c. PHYSICIAN'S	VIII			M.D	22d. ADDRESS	DIKECIOK L	rnis L		10-17-701
	NAME (Type)									
2	30 BURIAL CREMATIC	ON, 236 DATE THEREO	F	23c. NAME OF CEMET	FRY OR CPI	MATORY	23d, LOCA	TION (City, town,	or county)	(State)
	REMOVAL (Specify			Hillcrest				erland.		
2.	BUTIAT FUNERAL DIRECTOR	10/16/6	21	ADDRESS	DOT. TR		SEC'D BY REGIST		ISTRAR'S SIGNA	
	Toler	7. Than	Cer	1 Cumberland	Mo		OCT 1 7 '6		iling S. Tin	Actor
	//	//	1	THE PARTY IN CO.	A 11 PH 17	A TOTAL SAVIE	The face is			



VS A1S (4) 15M 9/SS 0

MARYL			1-BALTIMORE,	

1089	3	CERT	IFIC/	ATE OF DE	ATH			Reg. Dis	I. No. 3	0830
i, PLACE OF DEATH o. COUNTY Allegany		MARY	YLAND	2. USUAL RESIDEN o. STATE Maryla			COUNTY	n: Resident		idmission)
b. CITY OR TOWN (If outside corporate RURAL and give nearest town) Cumberland	imits, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOW	_	corporate li				tawn)
d. NAME OF HOSPITAL (If not in hospito OR INSTITUTION A09 Ascension St		oddress)		d STREET ADDI		n		1	(S RESIDENCE ON A FARM? ES NO
3. NAME OF DECEASED (Type or print) Berns	First ard Let	Middle oy Gehauf		Lost	1 (DATE DEATH OC	Mont tober		Doy 1961	Yeor 19
S. SEX 6. COLOR OR RAC	E 7. MARE	DIVORCE		B DATE OF BIRTH	900	9. AC	E (In years birthdoy) O yrs.	IF UNDER Months		UNDER 24 HRS.
10o. USUAL OCCUPATION (Give kind of wo during most of warking life, even if reti	red)	If Employe		STRY 11. BIRTHPLACE Cumber			nd		J.S.A.	WHAT COUNTRY?
13. FATHER'S NAME Henry W. Gehauf				Nellie						
15. WAS DECEASED EVER IN U. S. ARMED F [You, no or unknown) If yes, give wor or datas		SOCIAL SECURITY NO		NFORMANT zel M. Geh		9 Asce	Addre nsion		Cumb.	Md
PART I. DEATH WAS CAUSED B IMMEDIATE CAUSI Conditions, if ony, which gove rise to immediate cause (a), stoling the under- lying cause last. PART II/OTHER SIGNIFICANT CO TOOL CONTRIBUTING CAUSE OF DEA' (IF EITHER, NOTIFY MEDICAL EXAMINE 20c. TIME OF INJURY Month, Doy, Hour o. m. P. m.	(b) CVC TO (c) CONDITIONS (C) TO CONDITIONS (C) CON	CRIBE HOW INJURY CONTROL OCCURRED Not white	CCURRE	NOT RELATED TO THE	jury in Parl 1	CCCC or Port II of	12 3 item 18]		- ' ' P	WAS AUTOPSY PERFORMED?
21. I certify that I attended to alive on IOD SY ACTUAL SIGNATURE SUMMED TO THE NAME (Type) DAVID TO	12 E	-1	death	occurred at S.	-0.0		causes a	nd on th		the deceased stated above DATE SIGNED
220. BURIAL, CREMATION, 22b. DATE THEIR REMOVAL (Specify) Purial Oct. 13	1961			emetery	Cur	LOCATION (d. Mar	cylan		(Stote)
23 FUNERAL DIRECTOR'S SIGNATURE	ederic	ADDRESS k St. Gumb	. Md		o. REC'D BY	4 - 1-4	24b. REGIST		8. Hom	A



DIVISION OF STATISTICAL RESEARCH

MALENT OF HEALTH

PRESTON STREET, BALTIMORE 1, MARYLAND



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1090 CERTIFICATE OF DEATH

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funera should	W		PLACE OF DEATH			2. USUAL RESIDENCE (Where de	ceesed lived, If institution, Residence before admission
		7	YTALO	ECANY		a. STATE MARYLAND	b. COUNTY ALLEGANY
by the and Z death.		—		EGANY outside corporate limits,	MARYLAND c. LENGTH OF STAY IN 16		orete I mits, write RURAL and give nearest town)
by dead			write RURAL and g	rive neerest town)	C. Editorit of State in the		
2 5 7 9			CUM	BERLAND	I_DAY	CUMBERLAND	
P. Ge of	/ .		. NAME OF HOSPITA	TOR INSTITUTE OF THE	at a hospitel gard street eddress)	d STREET ADDRESS	IS RESIDENCE ON A FARM
(()		MEMO	DRIAL HOSPI		942 GAY ST.	YES NO T
P. 55.			NAME OF	First	Midd .	Last 4. DATE	Month Dey Yeer
Cur Planta			DECEASED (Type or print)	METTLE	D	GRAY DEATH	OCTOBER 16, 1961
exe Eo G u				NETTIE	В.	OUN I	. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HR
# Pd w		3.	DEV i	S. COLOR OR RACE 7	, MARRIED NEVER MARRIED 1 8		last birthdey) Months Deys Hours Min.
E ST		_	FEMALE	*****	WIDOWED X DIVORCED	11~5=1893	б/ ук.
ian ian ive		10e	. USUAL OCCUPATION during most of work	ON (Give kind of work king life, even if retired)	106. KIND OF BUSINESS OR NOUSTR	Y 11. BIRTHPLACE (County & Stele, or	foreign country) 12. CITIZEN OF WHAT COUNTR
rtiff sio] ""	Housewif		Own Home	PENNSYLVANIA	U. S. A.
phy are		13.	FATHER'S NAME	<u>L</u> _		14. MOTHER'S MAIDEN NAME	
ath ng l ease d in	(F)		OLAY T	DIDOCE		MARGARET BART	HOLOM
de plant	(\perp)	15		BRIDGES	ES? 16. SOCIAL SECURITY NO.' 17. I		Address
the ben ben		(Ye	s, no, or unkown) (If)	ras give weror defes of ser	vice)		
at th			no -		none	MEMORIAL HOSPITAL	
s th		1			euse per line for ,a), (b), end (c).]		INTERVAL BETWEEN ONSET AND DEATH
sicis d b				WAS CAUSED BY: WMEDIATE CAUSE (e)	as Essen tour	- afrom Uter	87: guset 1956
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signation of the state of the s			Conditions if a second				
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The Head of the He			(a), steting the un-	No. IN LIST TO			
r al has he b			cause lest.) (c)_			
AN Se tr		N	PART II OTHER	SIGNIF CANT CONDITI	ONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED?
Diffigure 5	-	E		11/1/11/11	Stanto Curden	Vanne Geren	YES NO
PSI hos usert		CERTIFICATION	200. ACCIDENT WA	S UNDERLYING L	20b. DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in Part I or Part I	l of item 18.)
He les		ERI	OR CONTRIBUTING (CAUSE OF DEATH			
はされる音			20c. TIME OF INJUR		20d. INJURY OCCURRED 200 PLA	CE OF INJURY [Home, farm, 20f. (Cit	y or town) (County) (State)
A STATE		MEDICAL	Hour e.m.	1 14011111, 507, 1001	WhileNot While fect	tory, street, office bldg., etc.)	, ,
der der		W.	p.m.	19	at work et work		
eta Geta			21. I certify th	at (I) (th's hospita	I) attended the deceased from	1956 19 10	OCC., 1961, that (1) (we) to the causes and on the date stated abo
E SE	- /		saw the decease	d alive on OC	1/6 196/ and that	death occured at	the causes and on the date stated abo
R P P P P P P P P P P P P P P P P P P P			220. SIGNATURE	11	7 1.		22h, DAT
OFICE			Mi	1	11-1/	ATTENDING MED. PHYS. DIRECTOR	T STAFF T PHYS. T
174 7 8 4			22c. PHYSICIAN'S	mound	Teger of _m	22d. ADDRESS	7///
Page Mil			NAME (Type)	DR. G. O. Ĥ	THEFTWRIGHT		VE., CUMBERLAND, MD.
HO dage all. EUNERAI ector, page filed with							
HC. eath. FUN irector,		23	REMOVAL (Specify)	N. 236. DATE THERE			ATION (City, town or county) (Stata)
De de de de			Burial	10-19-1	961 Rose Hill	Jemetery Cum	berland, Md.
VR A15 (4)		24	FUNERAL DIRECTOR		ADDRESS		TRAR 256, REGISTRAR'S SIGNATURE
15M 9/60	,		J. nes F	Scaruell	i, Cumberland,	Md. DATIOCT 2 4 '61	arthur S. Kraus
		1_	O CHILON T #	F1007 T10			



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND ON? MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 2. USUAL RESIDENCE (Where dacaased lived, if institution, Residence before edmission) I. PLACE OF DEATH a. COUNTY **b.** COUNTY MARYLAND D. CITY OR TOWN (if outside corporate limits, MARYTAND
ATTEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and giva nearest town} d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) COLUMBIA STREET 3. NAME OF 14 Middle Month DECEASED OF the (Type or print) DEATH T.H.H. GRAY. JR. B. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 17. MARRIED NEVER MARRIED X 19. AGE (In years HE UNDER 1 YEAR) IF UNDER 24 HRS. and 2 w. last birthday) Months | Days WIDOWED [DIVORCED MALE SEPT.28,1961 10a. USUAL OCCUPATION (Giva kind of work 1Gb. KIND OF BUSINESS OR INDUSTRY | 12. BIRTHP, ACE (Stelle or foreign country) done during most of working life, even if retired) NONE MARYLAND PM3. Pa pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME RICHARD LEE GRAY MARY G. SMITH 60 15 WAS DECEASED EVER IN J.S. ARMED FORCES? 臣 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unkown) | (If yas give we rordetes of service) ڃ RICHARD LEE GRAY, SR. CUMBERLAND, MD. 18. CAUSE OF DEATH [Entar only one cause par one for (a), (b), end (c).) PART I. DEATH WAS CAUSED BY: ASPHYXIATION IMMEDIATE CAUSE (a) 100 DUE TO ASPIRATION OF STOMACH CONTENTS Conditions, if any, which (b) geva rise to immadiate ceuse DUE TO (a), slating the undarlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)1 19. WAS AUTOPSY 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY T or CONTRIBUTING T Chref age 3 Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, feem, 20f, (City or town) 20c. TIME OF INJURY factory, street, office bldg., etc.) Wh le Not While Hour a.m. at work at work @ Q OR: P 21. I certify that I took charge of the remains described above, held an Autopsy Inspection XI. Inquiry X execute the country and be forwarded to be for Natural causes Accident [Su'cide Homicide Undetermined manner death resulted from, CHIEF MEDICAL EXAMINER lease execute the should be forward by FUNERAL DII ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER [X] October 9, 1961 EXAMINER'S BENEDICT SKITARELIC, M.D. Address (Street, city, town, or county) Acumberland, Md. NAME (Type) 228. BURIAL, CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY | 22d. LOCATION (City, town, or country) REMOVAL (Specify) 2 4 O 9 OCT.11,1961 BURIAL SUNSET MEMORIAL PARK CUMBERTAND, MD. 240. REC'D BY REGISTRAR | 245. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS BYRON KIGHT CUMBERLAND, MD. VS. AISME Orthur & Krous DATE

a IS RESIDENCE ON A FARM? YES NO Z

19

INTERVAL BETWEEN ONSET AND DEATH

3-5 Min.

PERFORMED? NO P

(Stete)

and in my opinion

DATE SIGNED

(State)

12. CITIZEN OF WHAT COUNTRY?

USA

(County)

SM 9 60

16. 21



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1 PLACE OF DESTR 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) e. COUNTY **b.** COUNTY ALLEGANY MARYLAND ALLEGANY b. CITY OR TOWN (if outside corporate limits, LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND d. STREET ADDRESS . IS RESIDENCE ve street address 30 BOONE ST. ON A FARM? YES NO N 3. NAME OF Middle DECEASED OF (Type or print) DEATH **GUTHRIDGE** OCTOBER AGE (In yours HE UNDER 1 YEAR 6 COLOR OR RACE 7, MARRIED THE NEVER MARRIED IF UNDER 24 HRS. DATE OF BIRTH lest birthdey) Months Days 49 WIDOWED [FEMALE WHITE

10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) NURSES AIDE CUMBERLAND, MD. U. S. A. 1 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME JESSIE LEWIS FRANK E. LEWIS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unkown) (If yes give werordeles of service) - CUMBERLAND, MD. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gava rise to immadiate cause (a), stating the underlying TO DEATH BUT MOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART TIGHT 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING PERFORMED? NO 200 ACCIDENT WAS UNDERLYING .] 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of in ury in Pert I or Pert II of item 18.) OR CONTR BUTING LI CALSE OF DEATH 20d. INJURY OCCURRED | 20a, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Yeer factory, street, office bldg , etc.) While Hour e.m. 21. I certify that (I) (this hospital) attended the deceased from 19 . (2.1, and that death 3cound at M. saw the deceased alive on (.M. from the causes and on the date stated above. 22e, SIGNATURE MED. SIGNED STAFF PHYS. DIRECTOR PHYS. 22c. PHYSICHAN'S 22d ADDRESS NAME (Type) DR. S. G. 59 GREENE ST., CUMBERLAND, MD. TO F. director, F. be filed 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Sunset Memorial Park Burial Cumberland, Md.
25. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) 15M 9/60 Chillen S. Thomas Byron Kight Cumberland, Md.

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certificate

DIRECTOR

FUNERAL

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AARYLAND STATE DEPARTMENT OF HEALTH

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DATE OUT 9

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attending phy⊪ic

the haspital

15M 9/60

Ruth E. Silcox

Cumberland



FOR STATE HEALTH DEPT. Health, elay is necessary, meral director. Page TO DE CAY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a fieldy is necessary please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the calculated director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10904 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, if institution, Resi	idence before admiss on)
Allegany	MARYLAND	e. STATE b. COUNTY	
b CITY OR TOWN (if outside corporate li write RURAL and give nearest town)		c. CITY OR TOWN (If ouls de corporale timils, write RURAL and g	egany ive nearest town)
Cumberland d. NAME OF HOSPITAL OR INSTITUTION	15 minutes	Rawlings d. STREET ADDRESS	e. IS RESIDENCE
Sacred Heart			YES X NO
	rst Middle		Day Year
(Type or print) CHAR	LES STANLEY	HANSEL October	15 19 61
5. SEX 6. COLOR OR RAC		B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YE	AR IF UNDER 24 HRS.
Male White	WIDOWED DIVORCED	May 13, 1870 91 yrs.	
10s. USUAL OCCUPATION (Give kind of widone during most of working life, even if ret	ork 10b. KIND OF BUSINESS OR INDUSTR		N OF WHAT COUNTRY?
13. FATHER'S NAME Farmer	Own Farm	Frostburg Md. U.	S. A.
Unknown		Unk nown	
15. WAS DECEASED EVER IN U.S. ARMED FO (Yes, no, or unknown) (Ifyes give war or deless		INFORMANT Address	
NO 18. CAUSE OF DEATH Enter only o	None Mr:	s. Ethel Hansel, Rawlings,	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	CIEDROD AT THE CODY	DUACE	ONSET AND DEATH
MMEDIATE CAUSE (attor.	1-2 Hrs.
	_	IC CARDIOVASCULAR DISEASE	
geve rise to immediate cause		TO TO THE TOTAL OF	
(a), stearing title mudativing			
cause last.	C) DITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ILE	V. 40. V. 45. ALITONIA
PART II OTHER SIGNIFICANT CON 208. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.	CONTRIBUTING TO BEATH BUT NO	SI KETATED 10 THE TERMINAL DISEASE CONDITION G'AEN IN PART (S	PERFORMED?
20s. EXTERNAL CAUSE WAS	206. DESCRIBE HOW INJURY OCCURED.	Enter nature of injury in Part I or Part II of item 18.)	YES NO
PRIMARY OF CONTRIBUTING			
3 20c. TIME OF INJURY Month, Day,	While Not While fact	ACE OF INJURY (Home, farm, 20f. (City or town) (County, tory, street, office bidg., etc.)) (State)
20c. TIME OF INJURY Month, Day, Hour a.m. 19	While Not While fact	tory, street, office bidg., etc.)	, , , , , , , , , , , , , , , , , , , ,
20c. TIME OF INJURY Month, Day, Hour a.m. p.m. 19 21. I certify that I took charge	While Not While fact at work at work of the remains described above, he	ald an Autopsy . Inspection X, Inqu'ry X, a	(State)
20c. TIME OF INJURY Month, Day, Hour a.m. p.m. 19 21. I certify that I took charge	While Not While fact	eld an Autopsy Inspection Inqu'ry a tide Homicide Undetermined manner	, , , , , , , , , , , , , , , , , , , ,
20c. TIME OF INJURY Month, Day, Hour a.m. p.m. 19 21. I certify that I took charge death resulted from: Natural	While Not While fact at work at work of the remains described above, he	eld an Autopsy Inspection Inqu'ry a chide Homicide Undetermined manner CHIEF MEDICAL EXAMINER	, , , , , , , , , , , , , , , , , , , ,
20c. TIME OF INJURY Month, Day, Hour a.m. p.m. 19 21. I certify that I took charge death resulted from: Natural ACTUAL SIGNATURE ACTUAL	While Not While fact at work at work of the remains described above, he	eld an Autopsy	DATE SIGNED
20c. TIME OF INJURY Month, Day, Hour a.m. p.m. 19 21. I certify that I took charge death resulted from: Natural SIGNATURE SIG	while Not While fact at work Accident Suice	ide	DATE SIGNED
20c. TIME OF INJURY Month, Day, Hour a.m. p.m. 19 21. I certify that I took charge death resulted from: Natural ACTUAL SIGNATURE EXAMINER'S NAME (Type) 22a. BURIAL, CREMATION. 22b. DATE THE REMOVAL (Specify)	While Not While fact work fact at work store work. Accident . Suice the store work store work fact work store	ald an Autopsy Inspection Inqu'ry a side Homicide Undetermined manner CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER October 15, Address (Street, city, town, or county) Cumberland R CREMATORY 22d. LOCATION (City, town, or county)	DATE SIGNED
20c. TIME OF INJURY Month, Day, Hour a.m. p.m. 19 21. I certify that I took charge death resulted from: Natural SIGNATURE SIGNATURE EXAMINER'S NAME (Type) 22a. BURIAL CREMATION. 22b DATE THE REMOVAL (Specify) Burial Oct. 18	while Not While fact at work Accident Suice	ald an Autopsy Inspection Inqu'ry a side Homicide Undetermined manner CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER October 15, Address (Street, city, town, or county) R CREMATORY 22d. LOCATION (City, lown, or county) Metery Nr. Rawlings Md.	DATE SIGNED 1961 Md (State)
20c. TIME OF INJURY Month, Day, Hour a.m. p.m. 19 21. I certify that I took charge death resulted from: Natural ACTUAL SIGNATURE EXAMINER'S NAME (Type) 22a. BURIAL, CREMATION. 22b. DATE THE REMOVAL (Specify)	while Not While fact of the remains described above, he causes Accident Suice	ald an Autopsy Inspection Inqu'ry a side Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER October 15, Address (Sireet, city, town, or county) Cumberland R CREMATORY 22d. LOCATION (City, town, or county) REGISTRAR'S SIGN REGISTRAR'S SIGN REGISTRAR'S SIGN	DATE SIGNED 1961 , Md (State)



MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) I. PLACE OF DEATH Allegany a. COUNTY **b.** COUNTY a. STATE Marvland Allegany MARYLAND b. CITY OR TOWN (if outside corporate limits, 6. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) Cumberland 8 Hr.33 Min Cumberland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Sacred Heart Hospital 2Th Virginia Ave. YES NO 3. NAME OF DATE Month DECEASED Richard M. Hansrote OF DEATH Type or print) 16. COLOR OR RACE 7. MARRIED IF UNDER 24 HRS. B DATE OF BIRTH AGE (In years HE UNDER TYEAR NEVER MARRIED Lale last-buthdey) June 5 WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY 10a. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (County & State, or fore gn country) done during most of working life, even if retired) Vest Virginia Ameri can 13. FATHER'S NAME MOTHER'S MAIDEN NAME John Hansrote (d Laura Hansrote (d) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17 (Yes, no, or unkown) | (Ifyesgive werordetesofservice) Records-Sacred 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (e) DUE TO Conditions, if env., which gave rise to immediate cause DUE TO (a), stelling the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPS PERFORMED? - но Г 200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Pert I or Part II of Item 18) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or town) (Steta) 20c. TIME OF INJURY (County) Month, Dey, Yeer fectory, street, office bldg., etc.1 Not While While Hour a.m. et work et work 1957, 10 Clay 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on. 22e, SIGNATURE ATTENDING AF STAFF DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 236 Virginia Ave. Clay Durrett M.D. 23c. NAME OF CEMETERY OF CREMATORY 236, BURIAL, CREMATION, | 236. DATE THEREOF 1 23d. LOCATION (City, town or county) REMOYAL (Specify) Hillcrest Burial Park Cumberland. ADDRESS 25e. REC'D BY REGISTRAR . 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE James F. Scarpelli, Cumberland, Md. Cultury S. Through DATE

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FUNERAL

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VR A15 (4)

15M 9/60

VR A1S (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH 10905 CERTIFICATE OF DEATH

											-
PLACE OF DEATH a. COUNTY	Allegan	y	MARY	- 1	JSUAL RESIDENCE STATE Mary			ved. If institut b. COUNTY			mission)
b. CITY OR TOW RURAL and B.V C um b	N (If outside corporate limite nearest tawa) Pland	ts, write c	LENGTH OF STAY		Cumb	•	_	e limits, write l	RURAL and give	e nearest	town)
OR INSTITUT	SPITAL (If not in hospital, con gany Count		rmarv		d. STREET ADDRE		dford	Stree	t	0	RESIDENCE N A FARM?
NAME OF DECEASED	Louis	's†	Middle	77	Last		4. DATE OF	Mai	nth	Day	Year
(Type or print)		-	Weber		artung		DEATH	Octob		29,	19 61 NDER 24 HRS
s. sex Female	6 COLOR OR RACE	WIDOWED	NEVER MARRIE DIVORCE		TE OF BIRTH /10/187	76	9.	AGE (In years lost birthday)		lays Ho	1
Oa. USUAL OCCUP during most of HOUS OI 3. FATHER'S NAME	ATION (Give kind of work working life, even if relired wife)	done 10b. KIN	D OF BUSINESS O		Frosth.	our	g, Mai		1	NOF WH	A A
	Robert We	lsh			Louis		Marson	1			
5 WAS DECEASED	EVER IN U.S. ARMED FOR		IAL SECURITY NO	. 17, INFOR	MANT P.O.	Bo	x 599	Ado	ress Cumi	berl	and Mo
(and vine, or orange vin	(iii yes, give wai ar dates or t	an vice;		All				ıfirma			
Candilians, i gave rise to cause (a), stat lying cause to	ost. }	(2) Cest	erios (· Cen	fores, (4 4	cik				ALTOPOS A
CATIO	OTHER SIGNIFICANT CON		E HOW INJURY O				- na v-m-		VEN IN PART 1	PE	REFORMED?
	WAS UNDERLYING ING CAUSE OF DEATH TIFY MEDICAL EXAMINER)	2VU. DESCRIB	L HOW HAJORI O	CCORRED. (EI	ner notore of injo	· y · () · (un ron ron n	ul lieni to.j			
20c. TIME OF IN Hour o. p.	10	or 20d. INJUI While at work	RY OCCURRED Nat while at work		OF INJURY (Hame street, affice bldg			r tawn)	(Ca	unty)	(State
	that (I) (this hospita eased alive on 10	1) attended 0/28/6	the deceased	from 3	/13/57	. 12_	, to <u>10</u> M, fram th)/29/6 e causes o	1., 19 nd on the c	_, that (date sto	l) (we) los ted above
220 SIGNATUR	4 yreagley	21 /1		M.D	ATTENDING THYS	ME		STAFF PHYS		10/3	22b. DATE 0/61
22c PHYSICIAN NAME (Typ		B. Ma	thews		49 G	re e	ne St	., Cum	nb•rla	nd,	Md.
REMOVAL (Spendar)	oct. 31.19	_	St. Luke	_				N (Cily, town, perland	7.0		(Stote)
24, FUNERAL DIRECT			ADDRESS	a venie	0	REC'D	BY REGISTRA		ISTRAR'S SIGN	ATURE	
Byron	Kight Cu	mberlar	nd, Md.		DAT	E NO	OV 2 '6	1	com L.	Threed	

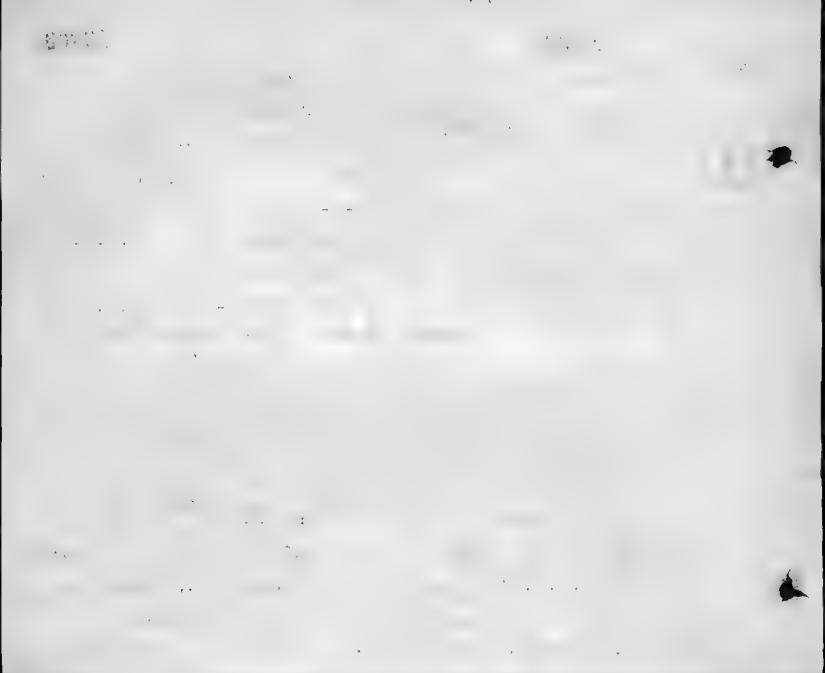
10907 CERTIFICATE OF DEATH

Poge 4	director, led with	1
hours ofter death	ond 2 should be fi	7
that the death certificate be executed within 24	by the ottending physicion and completely fillow t. Then please remove corbon papers. Pages 1 ol, and in ony event, within 72 hours after death.	(
TO HOS 14 OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death Page 4	may f. Peraned by the hospital or otherding physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filling the funeral director, and page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to buriol, cremotion, or removal, and in any event, within 72 hours after death.	
VR 15	A1S (4) M 9/59	

	70304	CERTIFICA	IL OI DEATH	TAO SA
1	1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased live	red. If institution. Residence before admission)
1	o. COUNTY Allegany	MARYLAND	o. STATE Maryland	Allegany
	b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate	e limits, write RURAL and give nearest tawn)
	Cumberland	9/1/1961	Cur	mberland
	d. NAME OF HOSPITAL (If not in hospital, give street	oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	OR INSTITUTION Allegany County	Infirmary	126 Greene	Street YES NO X
	3. NAME OF First DECEASED	Middle	Lost 4. DATE OF	Month Day Year
	(Type or print) Virgini	a May	Heath DEATH	October 24, 1961
	S SEX 6 COLOR OR RACE 7. MARR	RIED NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. last birthday) Manths Days Hours Min.
1	Female White wipowi	ED DIVORCED	2/17/1879	82 yrs. Manths Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS		**
		wn Home	Moorefield, W.	Va. U. S. A.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
١	Lorenzo Halter		Magdeline Coby	
j	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. [Yes. no. or unknown] (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17. IN	FORMANT P.O.BOX 599	Address Cumberland, Mo
	No	None A.	llegany County In	firmary Records.
	18. CAUSE OF DEATH [Enter only one cause per li	ne for (a), (b), and (c).]	1 3 4	INTERVAL BETWEEN
	PART I DEATH WAS CAUSED BY:	LECULORE.	A LOCK LECTURE	11ate 45 115
	T DUE TO	angle-train	men k	Mark Street
	Canditions, if any, which) (b)	CIADAX 826	er Chr. Reside	LR. CC. 3
	gove rise to immediate couse (o), stoling the under-	19. 1 con		et de-
	lying couse tast. (c) Lt. 2	the Lepser	LONG, Scecelo	
	PART II. OTHER SIGNIFICANT CONDITIONS O	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE C	ONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		14. 14. 14. 14. 14. 14. 14. 14. 14. 14.	YES NO
	OR CONTRIBUTING TO CAUSE OF DEATH	CRIBE HOW INJURY OCCURRED	O (Enter noture of injury in Part I or Port II	of item 18.)
		100 00		45.
	Haur a m While		ACE OF INJURY (Home, farm, 20f (City or clory, street, office bldg., etc.)	town) (County) (Slate)
	p. m. 19 of war	k at work	1	101 1/2
	21 I certify that (I) (this haspital) often	led the deceased from	9/1/61 19 10 9	1/24/61 , 19, that (I) (we) lost
	304 THE Edecessed Office Office States	61 19@ 11:25 d	eoth occurred atM, from the	e couses and on the date stated above
	220. SIGNATURE	X	ATTENDING MED.	STAFF SIGNED
	22c PHYSICIAN'S	14	M.D PHYS DIRECTOR	PHYS X 10/25/61
	MILIE OF THE PARTY	Mathews		Cumberland, Md.
	23a BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY OF		N (City, town, or county) (Stole)
	Burial Oct. 27, 1961	Mt. Olivet	Cemetery Moore	efield W Va
	Charles L. George		a Ma 369/80'61	Chilling & France
	g	1 OWNINGTIGH	I CL NI CL DATE	There is a second



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whara daceasad lived, If institution: Residence before admission) a. COUNTY h. COUNTY MARYLAND ALLEGANY MARYLAND b, CITY OR TOWN (if outside corporate l'mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) Ś wr la RURAL and give nearest town) CUMBERLAND d. NAME OF HARMORPANISTIENTINA KWI STREET ADDRESS a. IS RESIDENCE ON A FARM? MEMORIAL YES NO X NAME OF M ddia DECERSED СОПР (Type or print) DEATH 19 SUZETTE OCTOBER 31 F JNDER 24 HRS. HIXON carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 7 and last birthday) W.DOWED Y DIVORCED FEMALE 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or fora gr country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Cedar HOUSEWIFF OWN HOME WEST VIRGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LAWRENCE HANSROTE MARY SPRING 15. WAS DECEASED EVER N L.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) (Ifyes give war or datas of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) 1555 DUE TO Conditions, if any, which gava rise to immadiate cause **DUE TO** (a), stating the underlying causa last. the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8); 19. WAS AUTOPSY PERFORMED? NO . 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH After this detached 20c. TIME OF INJURY Month, Day, Year | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) factory, straet, office bidg., etc.) Hour a.m. Whila Not While at work at work may be retaine DIRECTOR: / 21. I certify that (I) (this hospital) attended the deceased from...... ...19.4.1., and that death occured and on the date stated above. 22a SIGNATARE MED. STAFF SIGNED ATTENDING DIRECTOR FUNERAL ZZc. PHYSICIAN'S 22d. ADDRESS NAME (Typa) VIRGINIA AVE. CUMBERLAND MD. deal directo 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specity) Cumberland, Md. Buria llcrest Burial Park 24 FUNERAL DIRECTOR'S SIGNATURE 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4) arthur S. Krous James F. Scarpelli, Cumberland, Md.

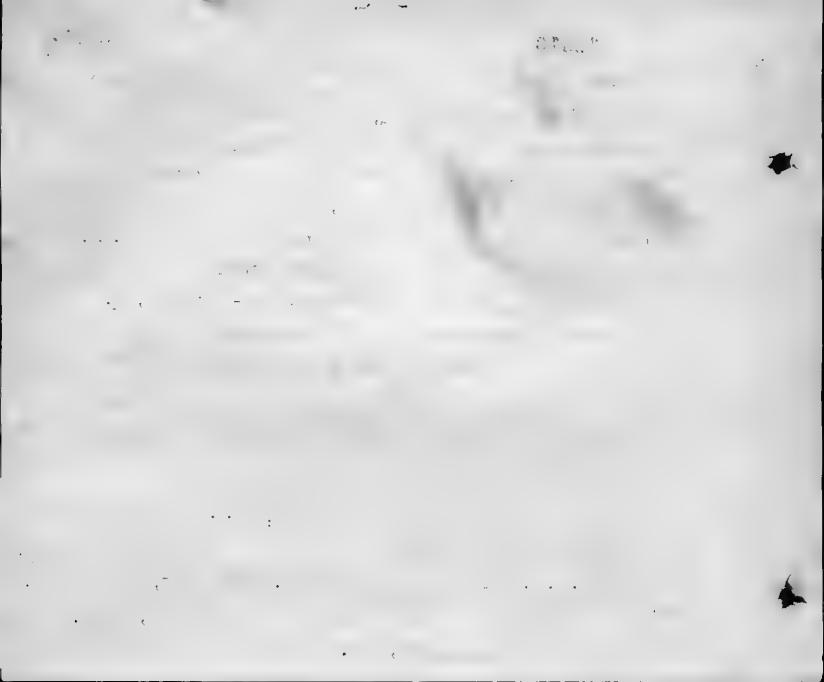


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Should the funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) . COUNTALLEGANY b. COUNTY MARYLAND ALLEGANY THE RESERVE TO SERVE THE RESERVE THE RE b. CITY OR TOWN (if outside corporate limits, c CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) C. LENGTH OF STAY IN 16 Š CUMBERLAND DAYS CUMBERLAND 2 filled d. NAME OF HOSPITAL OR INSTITUTION (if not in WARW | Cartie eddress) d STREET ADDRESS e. 15 RES DENCE ON A FARM? 905 KENTUCKY AVENUE KW MEMORIAL HOSPITAL MEMORIAL AVES .. YES NO X 3. NAME OF 4 DATE Month Year DECEASED pap (Type or print) HOLLIDAY DEATH 19 61 David Ronald **OCTOBER** withi 6. COLOR OR RACE 7. MARR ED NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR) IF UNDER 24 HRS. 8. DATE OF BIRTH and lest buthday) Months Hours OCTOBER 27. 1961 MALE WIDOWED [DIVORCED [physician 10e. USUAL OCCUPATION (Give kind of work 10b K ND OF BUSINESS OR INDUSTRY 11 BIRTHP, ACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U. S. A. None (Infant None CUMBERLAND, MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please affending EUGENE R. HOLLIDAY and MARGARET D. RADCLIFF 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Then Ad dress removal, (Yes, no, or unkown) (Ifyes give wer or dates of service) No. ian. MEMORIAL HOSPITAL, CUMBERLAND, MARYLAND None EDC16 Dec61 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).] ig physician signed by i ONSET AND DEATH PART J. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) burial-transit DUE TO attending Conditions, if eny, which peen (b) gave rise to immediate cause DUE TO (a), steting the underlying has couse lest. PART II, OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE, CONDITION GIVEN IN PART 1(0) | 19. WAS ALTOPSY certificate PERFORMED? hospital 93 NO use prior 206 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of Item 18.) detached for After this WEDICAL á 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While Hour a.m. et work et work may be retain DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from 27 00 pe 19 9... that (I) (we) last should saw the deceased alive on. 22b. DATE 22a. GIGNATURE ATTENDING STAFF SIGNED MED. PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S FUNERAL 22d. ADDRESS NAME (Type) FULLER B. WHITWORTH BEDFORD STREET, CUMBERLAND, MD director, be filed v 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (State) 23a, BURIAL, CREMATION, 23b, DATE THEREOF REMOVAL (Specify) Cumberland. Md. Zion Memorial Cemetery Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) Charles L. George Cumberland. Cirching S. Kraus 15M 9/60 DATE

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare dacessed I'ved, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY ALLEGANY MARYLAND MARYLAND b. CITY OR TOWN (foutsida corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RJRAL and give nearest town) LONACON ING CUMPERLAND DAYS d NAME OF HOSP, TAL OR INSTITUTION (if not in hospital, give street address) STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO X 3. NAME OF MEMORIAL HOSPITAL 100 DOUGLAS Middla Last DATE DECEASED (Type or print) DEATH 19 HOLMES OCTOBER 61 carbon 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF JNDER 1 YEAR IF UNDER 24 HRS. and (2 yrs. Months DIVORCED MALE W DOWED X 1Da USJAL OCCUPATION (G.ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE County & State, or foreign country) 12, C TIZEN OF WHAT COUNTRY? done during most of working life, even if retired) physi U.S.A. RETIRED MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending THOMAS HOLMES SUSAN MC FARLAINE ā 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Addrass (Yes, no, or unkown) , (Ifyasgivawarordatasofsarvice) loval MEMORIAL HOSPITAL - CUMBERLAND. MD. g physician. signed by the 1B. CAUSE OF DEATH [Enter only one cause per,line for (a,, (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) certificate has been signer use as the burial-transit prior to burial, cremation, DUE TO Conditions, if any, which (b) gave rise to immadiate cause DUE TO (a), stating the underlying cause last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT WELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ((a) 19, WAS AUTOPSY PERFORMED? NO 2Db. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I of Part II of item 18.) 2Da ACCIDENT WAS UNDERLYING IN OF CONTRIBUTING IN CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) R: After thi detached 숦 Month, Day, Year 2De, PLACE OF INJURY (Home, farm, (County) (Stata) 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 2Df. (City or town) factory, street, office bldg., etc.) Whila Not Whila Hour a.m. at work at work 4 may be retaine DIRECTOR: / 3 should be del 21. I certify that (I) (this hospital) attended the deceased from, and that death occured at .3. M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE 22a. SIGNATURE ATTENDING STAFF SIGNED PHYS. DIRECTOR PHYS. FUNERAL 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) 122 S. CENTRE STREET, CUMBERLAND, MD. 23a. BURIAL, CREMATION, | 23b DATE THEREOF 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (State) di di 10/8/61 Oak Hill Cemetery OH Lonaconing. 258 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) DATE OCT 1 0 '61 15M 9/60 Lonaconing.



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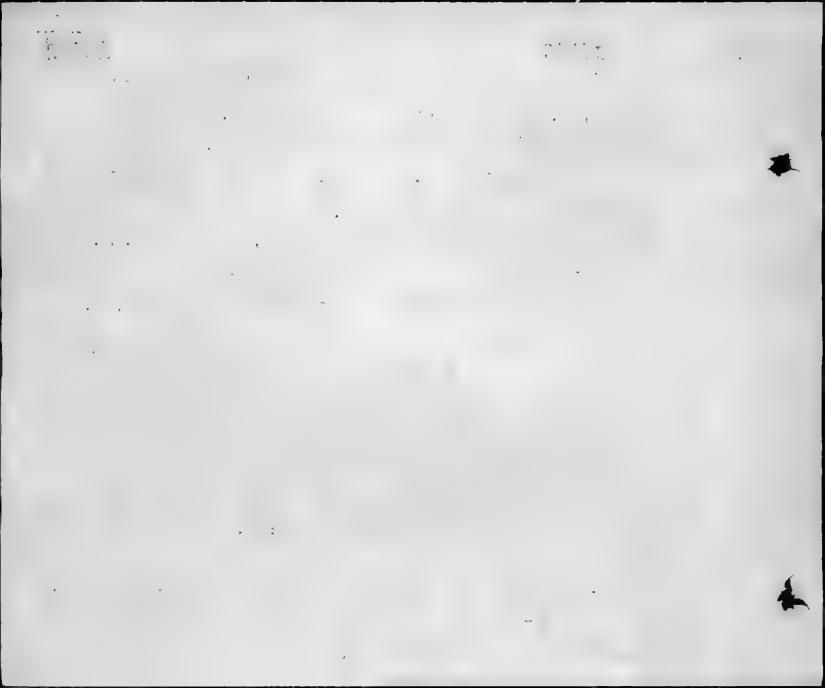
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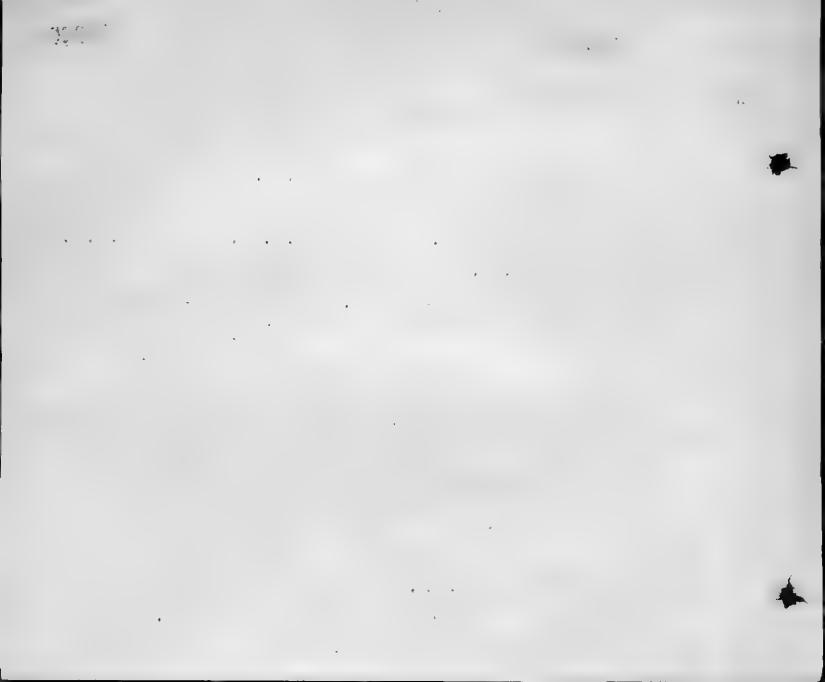
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10912 Reg. Dist. EALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. COUNTY **b. COUNTY** files. Health, ALLEGANY MARYLAND ALLEGANY b. CITY OR TOWN I'll outs do cornecte length were Bidde. & JENGTH OF STAY IN 16 o CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negrest town! 90 FROSTBURG Oldtown d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) . IS RESIDENCE d STREET ADDRESS ON A FARM HOSPITAL YES IN NO X NAME OF First 4. DATE Lost Month DECEASED (Type or print) HOSE DEATH OCTOBER 61 RUSSELL 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYPAR IF UNDER 24 HRS Months Hours 46, WIDOWED [DIVORCED MALE 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) TRUCK DRIVER USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME event 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT Address MARJORIE HOSE, OLDTOWN. 18 CAUSE OF DEATH | Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DHE TO Conditions, if ony, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLLY. WAS AUTOPSY PERFORMED? NO F 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of shorry in Part I or Part II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, Month, Day, Year 20f. (City or town) (Stote) (County) factory, street, office bidg., etc.) Hour While Not while at work of work Ø. m. 21. I certify that I took charge of the remains described above, held on Autopsy M. Inspection X and in my 08. Suicide . Homicide . Undetermined monner opinion death resulted from: Natural causes 🔀, Accident . DATE SIGNED NAME (Type) 220 BURIAL CREMATION, 226 DATE THEREOF NAME OF CEMETERY OR CREMATORY 27d LOCATION (City, town, or county) MD. 2 24o REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

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VS. ATSME 5M 2/57



RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HFALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaased lived, If institution: Residence before admission) a. COUNTY a. STATE **b.** COUNTY necessary, ector, Page MARYLAND b. CITY OR TOWN (if outside corporate limits, ALLEGANY MARYLAND C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I m ts, write RURAL and give nearest town) write RURAL and give nearest town) ---GUMBERLAND CUMBERLAND l vear d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospital, give street address) STREET ADDRESS IS RESIDENCE Boay ON A FARM? YES NOT retained he State B 3. NAME OF Blvd 93 Henderson Blvd 4. DATE Month Middla DECEASED the DEATH (Typa or print) John Harrison Islês, October 30 19 67 6. COLOR OR RACE TO MARRIED NEVER MARRIED 19. AGE (In years | FUNDER 1 YEAR IF UNDER 24 HRS. 1 8. DATE OF BIRTH with age 5 may be 1 and 2 with 72 hours at last birthday) | Months | Days WIDOWED -DIVORCED T 10/24/1916 MATE 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUS NESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) dona during most of working life, evan if ratired) U. S. A. Misc. Keyser, W. Va. PM3. Pa pages 1 Laborer 13. FATHER'S NAME Charlotte Mae Kesecker it. File John Harrison Isles, Sr. Cha form it. Fite (Yas, no, or unkown) | (If yes giva war or dates of servica) with permi Mrs. Harry Cole. Mother- McCoole, Maryland 557-26-4294 World War LL 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN along v transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY: CORONARY OCCLUSION 1-2 Hrs MMEDIATE CAUSE (a) DUE TO Office CORONARY SCLEROSIS WITH THROMBOSIS Conditions, if any, which (b) gava risa to immadiata cause **DUE TO** (a), stating the undarlying Examiner used ion, o PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IIa) 19. WAS AUTOPSY CERTIFICATION PERFORMED? ficate, writing the word " to the Chief Medical Ex FOR: Page 3 should be to prior to burial, crematic NO 🔻 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item is.) 20a, EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, ' 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yaar (County) (Stata) Not While factory, street, office bldg., atc.) Whila at work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Y. Inquiry 3 and in my opinion sease execute the certific should be forwarded to FUNERAL DIRECTC death resulted from: Natural causes XI. Accident . Suicide Homicide [Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE October 30. 1961 DEPUTY MEDICAL EXAMINER BENEDICT SKITARELIC, M.D. NAME (Type) Addrass (Straat, city, town, or county) 228. BURIAL, CREMATION, 224. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Slate) 22b. DATE THEREOF REMOVAL (Specify) 240 p Keyser, W. Virginia Queens Point Cemetery Burial 24a, REC'D BY REGISTRAR 1 24b, REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME . DATE NOV arthur & Krous



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11 CERTIFICATE OF DEATH R.

10914

Reg. Dist. No.10906

		PLACE OF DEATH b. COUNTY	Alleganj	7	MARY	LAND	2. USUAL RESID 0. STATE	iar,	yland	lived. If institution b. COUNTY	All	e gar	odmissi Ly	on)
		b. CITY OR TOWN (IF RURAL and give no	outside corporate limit orest town) Cumberland	s, write	4 yrs.,8		c. CITY OR T		unberl	end	URAL ond	give near	est town)
X		d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospitol, g Sylvan Re				d. STREET A Queen		. £avei	nane		6		DENCE FARM? NO [2]
		NAME OF DECEASED (Type or print)	Fis Har	risc	Middle		اها Jord		4. DATE OF DEATH	Mon UCto		Day ≥7		ear 9 61
	S. (lale	6. COLOR OR RACE	7. MAI	RRIED NEVER MARRIE	20	April 19		5	lost birthday) yrs.	Months	Days :	IF UNDE Hours	R 24 HRS. Min
	100	during most of work Uarpente	N (Give kind of work of ing life, even if retired) P (Ret.)	lone 10t	o. KIND OF BUSINESS O Contracting	R INDUS		aryla		intry)	12 CII		S.A.	COUNTRY
	13.	FATHER'S NAME Ch	arles Jorda	an			14. MOTHER'S	MAIDEN N		anette 3	hears	3		
5	1\$. [Ye	WAS DECEASED EVER	R IN U. S. ARMED FOR If yes, give wor or dates of st	CES? 16	s. social security no NONE		irormant iward H.	Jorda	an, Cre	Addi esaptown				
	NO	PART I. DEAL Conditions, if or gove rise to in coese (o), stating I lying couse lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO 17, which n mediate the under-	Ee Ee	PERCEC	1	SOBA SOBA	PALE L	A P A	CONDITION GIV	EN IN PAR	ONSE	RVAL BET AND	DEATH
	MEDICAL CERTIFICATION	20g ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY I 20c. TIME OF INJURY Hour g, m,	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Month, Day, Yeo	r 20d.	SCRIBE HOW INJURY OF	20e. PLA	CE OF INJURY IN	tome, form,	20f. (City o		{4	County)	PERFOI YES	NO [X]
/	WE	p. m.	of lottended the ber 26	deced 19_	ol , and that		a.d	1:301	M, from	the couses a set, city or town.	nd an ti	he date	e state DA	deceased d above TE SIGNED
	220		Oct. 29, 19	_	Rose Hill					on (City, town, or			(Stole)
	23.	FUNERAL DIRECTOR'S	s signature ron Kight	(ADDRESS Cumberland,	Md.			OCT 3 1	10.4	TRAR'S SIG			

TO HOSETAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may 2 Moined by the haspital or attending physician.

TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and completely fix in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave corban papers. Pages 1 and 2 shauld be THied with the registrar prior to burial, cremation, or remaval, and in any event within 72 haurs after death. VS A15 (4) 15M 9/55



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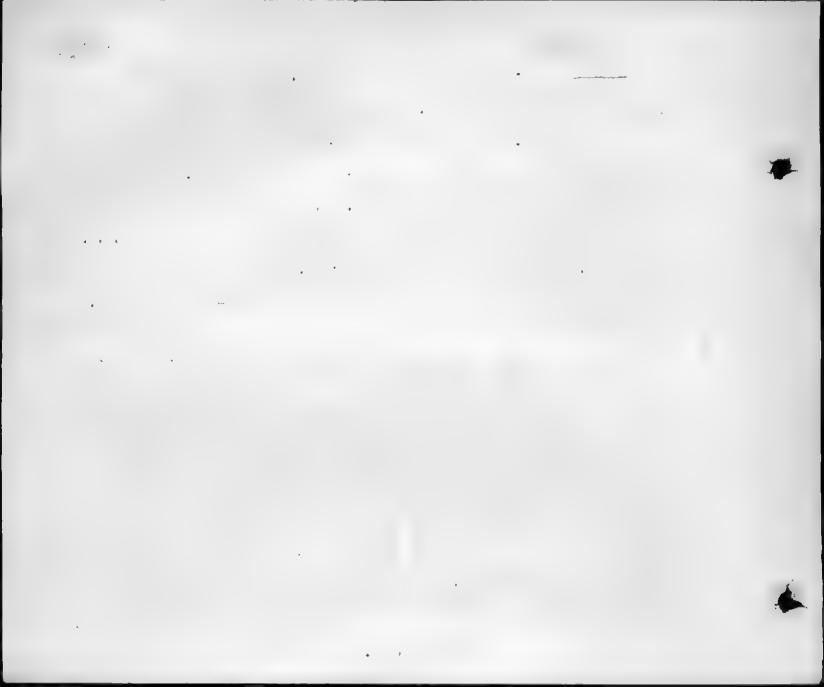
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g. COUNTY	Alberta Alle	gany	MARYL	AND	2 USUAL RESIDEN o. STATE		deceased live	f If institution	on Residence t Allegar	ny	essian)
b CITY OR TOW RURAL and giv Western	N (If outside corparate limi e nearest tawn) Port		60 Yrs.	и 1ь	c. CITY OR TOW						iwn)
d. NAME OF HO OR INSTITUTION	SPITAL (If not in hospital, g ON 332 Front S		ress)		d STREET ADDI			1		ON	A FARM?
3 NAME OF DECEASED (Type or print)	Alberta	-	Middle ances	K	last rns	4	DATE OF DEATH C	Mar et.	20	Doy	Year 19 6'
5. SEX	6 COLOR OR RACE	7. MARRIED	NEVER MARRIED	B	DATE OF BIRTH		9 A	GE (In years st birthday)	Months Do		
Female	White	WIDOWED 5	DIVORCED		Nov. 13, 1	1874		6 yrs	Months De	iys I nau	rs AAIn
loa. USUAL OCCUP. during most of the House Wif	ATION (Give kind of work warking life, even if retired	done 10b KIN	D OF BUSINESS OR	INDUST	Maryla	_	foreign country)	12.CITIZEN	S.A.	TCOUNTR
3. FATHER'S NAME					14. MOTHER'S MA	AIDEN NA	WE				
J	ohn T. McInt	o e h			Sarah F.	Col	eman				
15. WAS DECEASED (Yes, no. or unknown)	EVER IN U. S. ARMED FOR (If yes, give wor or dates of s		IAL SECURITY NO.		Kenneth	Sche	affer-W	Add estern		Md.	
gave rise to cause (a), stat lying cause to	DUE TO if any, which a immediate ing the <u>under-</u> oother SIGNIFICANT CON	Jor	TRIBUTING TO DEAT	TH BUT I	CALANDA NOT RELATED TO TH		AL DISEASE CO	NDITION GIV	/EN IN PART 1(PER	S AUTOP:
2% ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING ING CAUSE OF DEATH	20b. DESCRI8	E HOW INJURY OC	CURRED	. (Enter nature of in	jury in Par	rt I or Port II of	item 18.)		100	
20c. TIME OF IN Hour o. P	m. 19	While	RY OCCURRED Nat while at work	20e PLA foci	CE OF INJURY (Hon lary, street, office bloom	ne, form, dg., etc.)	20f. (City or to	own)	(Cou	nty)	(Sta
/ /	enther of	attended		hat de	eath accurred of ATTENDING PHYS	MED.	S1	1	2 , 194 / nd an the d		
23a. BURIAL, CREMA REMOVAL (Spe Burial		OF 23	NAME OF CEME	ERY OR	CREMATORY		d LOCATION		or caunty)	Md.	lote)
24. FUNERAL DIREC			ADDRESS				BY REGISTRAR	25h REG!	STRAR'S SIGN	ATURE	
S. V.	13.4 V	We	sternport	. Mô	la! Di	MET 2	4 161	Circh	1 S. Fline	A	

TO HO FITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 34 haurs after death. Page 4 may reformed by the haspital at attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely five in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State 80ard at Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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Couly J. Home

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Γ_{\bullet}	I. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
	Allegany Manyland	a. STATE Maryland Allegany
7	b. CITY OR TOWN (if outside corporete limits,	c. CITY OR TOWN (If outside corporete) mits, write RURAL end give nearest town)
	write RURAL and give necrest town)	/ Cumbonland
,	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS
	d. NAME OF HOSPIAL OR INSTITUTION (IF NOT IN HOSPITE)	ON A FARM?
7	402 Louisiana Ave.	402 Louisiana Ave
	3. NAME OF first Middle DECEASED	Last 4. DATE Month Dey Year
	(Type or print) RALPH LEO KE	TZNER October 2 1961
ľ		DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
		Feb 14 1880 72 yrs. Months Days Hours Min.
	100 10	Feb. 14. 1889 72 yrs
	done during most of working life, aven if retired)	
Į.	etired Car Distributor B. & O. Rw	
	is. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	John Ketzner	Georgianna Forney
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (Yes, no, or unknown) (Ifyesgive we for dates of service)	Address Cumb. Md.
		s. Ralph Ketzner 402 Louisiana Ave.
- 1	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY.	ONSET AND DEATH
	IMMEDIATE CAUSE (e)	
	DUE TO PROPERTY OF	Leavent al
	Conditions, if eny, which gave rise to immediate cause	- Jago
	(a), stefing the underlying DUE TO	7/ 8-0-0
	ceuse lest. (c)	Juniya Ja
	PART I. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DESCRIBE HOW INJURY OCCURED OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO T
	20a ACCIDENT WAS UNDERLYING 1 , 206. DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in Pert I or Pert I of Item 18.)
1	G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
-		CE OF INDIAN (U In) 201 (City)
-		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
1	p.m. 19 et work et work	1
	21. certify that (I) (this hospital) attended the deceased from.	1957 to crey = , 196 (that (1) (we) last
		death occured at
	22e. SIGNATURE	22b. DATE
	aland Junet "	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Type)	
	Clay Durrett M. D.	236 Virginia Ave. Cumberland, Md.
	23e. BUR.AL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY (REMOVAL (Specify)	OR CREMATORY 23d, LOCATION (City, town or county) (Stete)
	D 3 3 30/F//3	's Cemetery Cumberland, Md.
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
	H. Wayne George, Cumberland,	Md. DARET 5 '61

VR A15 (4) 15M 9/60

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FOR STATE HEALTH DEPT. TO SECULY MEDICAL EXAMINER: This certificate slould be executed within 24 flows effer Beath. It delay is necessary, glease execute the certificate, writing the mord "penaling" it pencil in limm 18, like flower and it is functed director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board Arthrough, or its designated agent, prior to be burial, cremation, or removal, and in any event within 72 hours effer death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10909

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where dacaasad lived, If institution; Residence bafore adm ssidence	or)
Allegany MARYLAND	a. STATE Maryland b. COUNTY Allegany	
b, CITY OR TOWN (if outside comprete limits. I c. LENGTH OF STAY IN 16	c. CITY OR TOWN (f outside corporate limits, write RURAL and g va nearest lown)	_
write RURAL and give nearest town) Frostburg 1 Hr.	Westernport	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE	CE
	ON A FARM	V4?
Miners Hospital 3. NAME OF First Middle	226 Smoot St YES NO S	XI_
DECEASED	OF (7)	
(Typa or print) Barbara Ellen	Kidwell DEATH OF 6 196/	_
1. Mounts He teo mounts in	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR.	
	Feb. 29, 1944 17 yrs. Months Days Hours Min.	•
10a. USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUST done during most of working life, even if refired)	RY 11 BiRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY	RY?
Student High School	Maryland U.S.A.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Denzel Kidwell	Wilda V. Arnold	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.		_
(Yes, no, or unkown) (Ifyesgivawarordatesofservice)		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).)	ilda V. Kelly-Westernport, Md.	
	ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INTRACRANIAL H	LE Hrs.	
MACERATION OF	BRAIN 12 Hrs.	
Conditions, it eny, writen (b)	BRAIN 12 Hrs.	
gave rise to immediate cause DUE TO CONTINUE	1 -1	
(c) starting the underlying SKULL FRACTURE	la Hrs.	
PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPS	
MIA I	PERFORMED? YES NO F	
	Enter nature of injury in Part I or Part II of item 18.)	=-
PRIMARY OF OF CONTRIBUTING A AUTOMOBILE TO	cident_	
	ACE OF INJURY (Home, farm, 20f. (City or lown) [County] (State)	
While _Not While _ Not While _	ory, steel, office bldg., etc.)	27.
	Ighway ~ongeoning 1111 (gany 11)	Q
21. I certify that I took charge of the remains described above, he		3
death resulted from: Natural causes, Accident 💢, Suice	cide, Homicide, Undetermined manner	
il Almal.	CHIEF MEDICAL EXAMINER	
ACTUAL SIGNATURE ()	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED	
EXAMINER'S // MC/6 Sm/	DEPUTY MEDICAL EXAMINER A 1661	1
NAME (Type)	Out Address (Street, city, lown, or country) 1217 Cug Ma 10/6	5/
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O		
Burial 10/9/61 Philos	Westernport Md.	
23. FUNERAL DIRECTOR ADDRESS	248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	_
BOM Westernport, Md.	DATE OCT 1 0 '61 arthur S. Kraus	
Jour Marie M	DAREAS TO THE COLUMN A. TOWN	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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DATECT 2 5 '61

TO RESTANCE ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compositely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in may mannt, within 7 hours after death. VR A15 (4)

15M 9/60



VS. A15ME(5) 5M 9/55

MARYLAND ST	ATE DEPARTME	INT OF HEALTH-	-BALTIMORE,
109MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

Reg. Dist. No. 10914

b. COUNTY Allegary b. CITY OR TOWN if names expressed from, write RURAL c. LENGTH OF STAY IN Ib c. CITY OR TOWN if names expressed from, write RURAL ond great mount bend, and the present bend of the present bend. Climberland 4.7 years 4.32 Seymour St. J. NAME OF FIRST MAN OR PROPER AND THE PROPERTY OF THE PROPER													
December Comber	\ \[\[\]	a COUNTY **					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 9. STATE 3.50 mm 3.00 mm						
CumberLand d. NAME OF HOSTIAL OR INSTITUTION (If not in hospitol, give street address) 432 Seymour St. 3. NAME OF HOSTIAL OR INSTITUTION (If not in hospitol, give street address) 432 Seymour St. 3. NAME OF HOSTIAL OR INSTITUTION (If not in hospitol, give street address) 5. SEX 6. COLOR OR RACE [7. MARRIED MOVER MARRIED MARRIED MOVER MARRIED MARRIED MOVER MARRIED MOVER MARRIED MOVER MARRIED MOVER MARRIED MARRIED MOVER MARRIED MARRIED MARRIED MOVER MARRIED MOVER MARRIED MARRIED MARRIED MARRIED MOVER MARRIED MARRIED MARRIED MOVER MARRIED MARRIED MARRIED MARRIED MARRIED MARRIED MOVER MARRIED MARRIED MOVER MARRIED MOVER MARRIED MOVER MARRIED MOVER MARRIED MARRIED MOVER MARRIED MARRIED MARRIED MOVER MARRIED MOVER MARRIED MOVER MARRIED MARRIED MARRIED MOVER MARRIED MARRIED MOVER MARRIED MARRIED MARRIED MOVER MARRIED MARRIED MARRIED MARRIED MOVER MARRIED MARRIE	肣	b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 432 Seymour St. 3. NAME OF OPERATE SEVENOUR St. 432 Seymour St. 434 Seymour St. 432 Seymour St. 434 Seymour St. 443 Seymour St					47 years								
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Textusion Dept. Textile Industry Cumberland, Md.	1	10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZ during most of working life, even if retired)									EN OF	WHAT COUNTRY?	
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ACTUAL SIGNATURE BOND ACT Skitarelic, M.D. CHIEF MEDICAL EXAMINER OCTOBER EXAMINER'S NAME (Type) Benedict Skitarelic, M.D. DEPUTY MEDICAL EXAMINER Cumberl nd. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY PROBLEM (Specify) Burial 10-20-1961 Mt. Zion Cemetery Near Confluence, 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24c. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE ADDRESS 24c. REC'D BY REGISTRAR'S SIGNATURE ADDRESS 24c. REC'D BY REGISTRAR 24b. REGI		21. I certify that I took charge of the remains described above, held an Autopsy [7], Inspection [7], Inquiry [7], and find that											
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NAME (Type) Benedict Skitarelic, M.D. DEPUTY MEDICAL EXAMINER Cumberl nd.		ASSISTANT MEDICAL EXAMINER [] October 17, 1961											
220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 10-20-1961 Mt. Zion Cemetery Near Confluence, 22b. registrar 24b. registrar 2		NAME (Type) Benedict Skitarelic, M.D. DEPUTY MEDICAL EXAMINER OF Cumberl nd, Md											
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Times F Scarrielli Cumbonland Md		Burial	10-20-1	961	Mt. Zion Ce	metery		Near (Conflu	ence,	Pa	•	
Tames F. Scarpelli, Cumberland, Md. Date OCT 23'61 Called 9:	- 17						24a. REC'E	D BY REGISTRA	R 245. REGI	STRAR'S SIGI	NATURE		
DAIE TO THE DAIL OF THE PARTY O		James F.	Scarpelli	, Cui	mberland, Mo	ı.	DATE 0	CT 2 3 '6	1 c	Tathur S.	Head	u.a	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10920 2 USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY e. STATE the 1 d 2 ath. ALLEGAMY MARYLAND ALLEGARY b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) and P write RURAL and give neerest town) CLASS MOLY IN ULBERLAND d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) 3. NAME OF DATE Month DECEASED OF (Type or print) DEATH A. Chara LEASHRE 10 AGE (In yeers | IF UNDER I YEAR 6. COLOR OR RACE 7. MARRIED W NEVER MARRIED 8. DATE OF BIRTH lest birthdey) Months WIDOWED [DIVORCED . 10e, USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY! 10b. KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) done during most of working life, even if retired) MUUUL MALYLAND work Thear-13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please aftending DANIER LEASURE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no. or unkown) | (Ifyes give wer or detes of service) 18. CAUSE OF DEATH (Enter only one cause per lime for (e), (b), end (c).) PART I. DEATH WAS CAUSED BY: attending physic has been signed b burial-transit pen hermones IMMEDIATE CAUSE (e) DUE TO Canditions, if any, which gave rise to immediate ceuse **DUE TO** (a), sleting the underlying Assistant or an hospital or an certificate has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY CERTIFICATION 20b. DESCRIBE HOW INJURY OCCURED, Lenter nature of injury in Pert Lor Pent Lof Tem 18) 20e ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH (County) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yeer fectory, street, office bldg., etc.) While Not While Hour e.m. et work at work DIRECTOR: 3 should be del /3....., 19.6.1., that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on. 22e. SIGNATURE ATTENDING. WED. STAFF PHYS. PHYS. DIRECTOR FUNERAL 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) director, post be filed v 23d LOCATION (City, town or county) 236. BUR.AL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)

Unipersone, and years

e. IS RESIDENCE

Year

IE UNDER ZA HRS.

INTÉRVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO

> > (State)

22b. DATE

25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

DATOCT 4

arthur S. Kinua

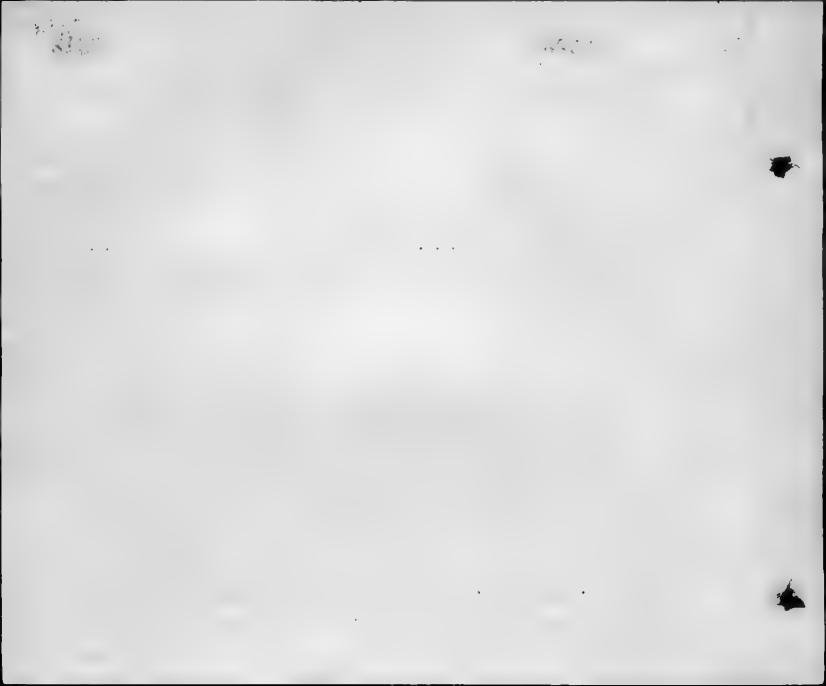
SIGNED

U.S.A

ON A FARM? YES NO .

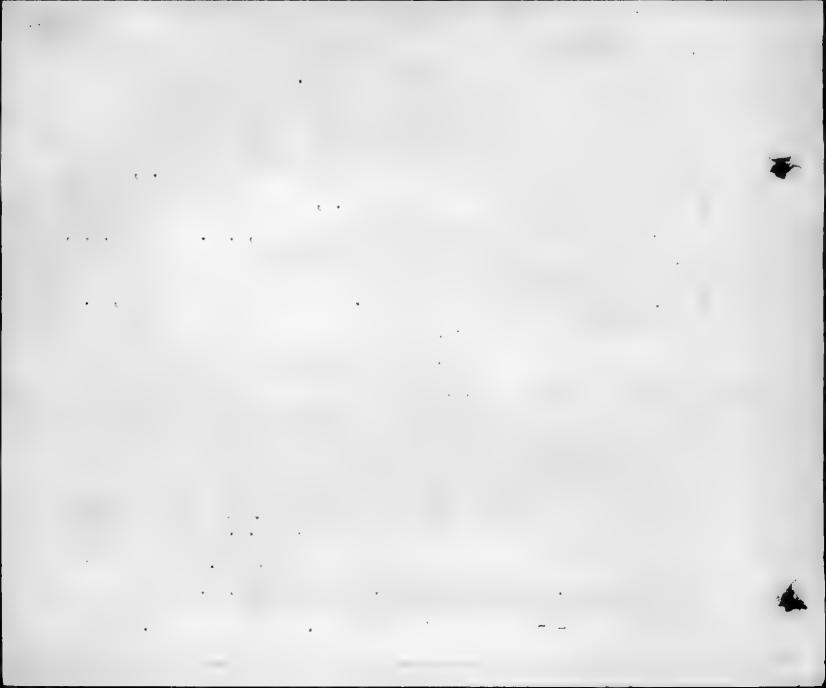
VR A15 (4) 15M 9/60

24 FUNERAL DIRECTOR'S SIGNATURE



Ciriling S. Kraus

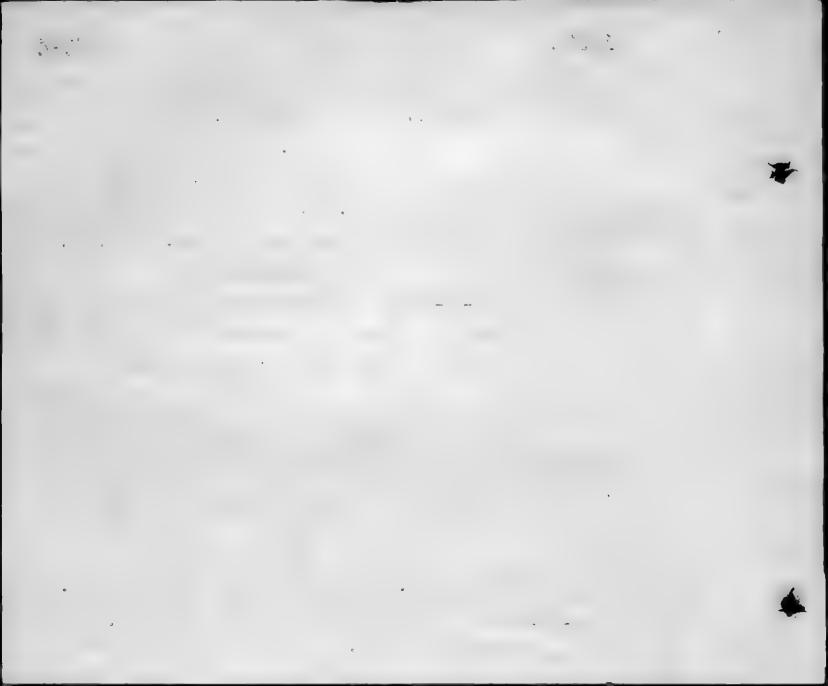
director, haurs after death. Page funeral shavid certificate



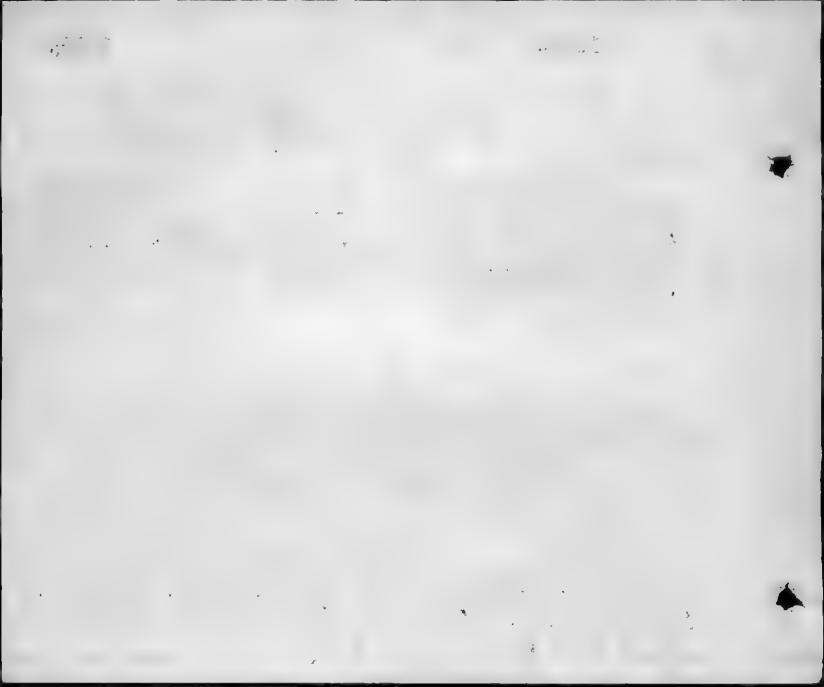
MARYLAND STATE DEPARTMENT OF HEALTH

of statistical research and records, 301 W. Preston Street, Baltimore 1, MARYLAND 10922 CERTIFICATE OF DEATH

J	10922	CERTIFICATE OF DEATH	11	3914
	1. PLACE OF DEATH a. COUNTY ALLEGANY b. CITY OR TOWN (if outside corporate I mits, write RURAL and give nearest lown) FROSTBURG d. NAME OF HOSPITAL 3. NAME OF DECEASED THE PROPERTY OF THE	c. LENGTH OF STAY IN 16 10 HRS . hospitel, give street eddress	4. DATE Month Day	ANY _
	MALE WHITE WIDGE 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) RETIRED FIREMAN 13. FATHER'S NAME JACOB LOHR 15. WAS DECEASED EYER IN U.S. ARMED FORCES? (Yes, no, or unknown) (ffyesgive were or defesof service)	BRICK YARD GARRETT 14. MOTHER'S MAIDEN CATHERI 16. SOCIAL SECURITY NO 17. INFORMANT 212-10-6344 MRS. RHODA I	9. AGE (In years left NDER 1 YEAR 177 yrs. Address 9. AGE (In years left NDER 1 YEAR 177 yrs. Address 12. CITIZEN OF NAME NAME Address	1967 FUNDER 24 HRS. Hours Min. WHAT COUNTRY? A.
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year 2 Hour e.m.	1 (1)	Pert I or Part II of Item 18)	TANDRATH TAN
,	21. I certify that () (this hospital) at	ATTENDING PHYS. 22d. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY F BG. MEMORIAL PARK ADDRESS 25a. RE	MED. STAFF DIRECTOR PHYS.	e stated above. 22b. DATE O SIGNED (State)



DIVISION OF STATISTICAL RESEARCH AND PRESTON STREET, BALTIMORE 1, MARYLAND Item 8 Film G29 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before admiss on) 1. PLACE OF DEATH e. COUNTY a. STATE b. COUNTY ATJEKSANY ALT-EGANY MARYLAND b CITY OR TOWN (if outside corporate limits, E LENGTH OF STAY N 16 c CITY OR TOWN (if outside corporate limits, write RURAL and give necrest town) write RURAL and give neerest town CUMBERLAND CHMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO T MECHANIC SACRED HEART HOSPITAL NAME OF Middle 4. DATE DECEASED OF (Type or print) DEATH 1961 OCTOBER 13 PEARL. LONG /1887 9. AGE (In years IF UNDER 1 YEAR) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED JE UNDER 24 HRS. Hours WIDOWED -DIVORCED physician 10e. USUAL OCCUPATION (Give kind of work done during most of working life, sen if refered) 10b. KIND OF BUSINESS OR INDUSTRY 1 12, CITIZEN OF WHAT COUNTRY? please attending .⊑ unkown) | (If yes give wer or detes of service) PT'S CHART 18. CAUSE OF DEATH [Enter only one couse per I ne for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (a), steting the underlying PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ital 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO T 20a. ACCIDENT WAS ENDERLYING 20b. DESCRIBE HOW NAURY OCCURED. (Enter neture of njury in Pert I or Pert I, of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20d. NJJRY OCCURRED . 20e. PLACE OF INJJRY (Home, ferm,) 20c. TIME OF INJURY 20f, (City or lown) (County) Month, Day, Year fectory, street, office bldg., atc.) While . Not While Hour am. at work | et work 21. I certify that (I) (th's hospital) attended the deceased from, 22e. SIGNATURE SIGNED ATTENDING STAFF PHYS. DIRECTOR FUNERAL 22d. ADDRESS 72c PHYSICIAN'S NAME (Type) DR. LEO. LEY (Stote) 0 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60



LAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where decreesed lived, If institution: Rasidence before admission) PLACE OF DEATH a. COUNTY b. COUNTY Maryland Allegany

c. CITY OR TOWN (if outside corporate limits, write RURAL and give needs town) Allegany MARYLAND b. CITY OR TOWN (if outs de corporate limits, ELENGTH OF STAY IN 16 write RURAL end give nearest town) Savage Mt. Mt. Savage Lifetime a. IS RESIDENCE STREET ADDRESS ON A FARM? YES NO Foundry Row Yeer 3. NAME OF At della Manth OF DECEASED DEATH (Type or print) HUGH hen S MCKENZIE UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lest birthdey! Months, WIDOWED XI DIVORCED 6-21-03 60 12, CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & Stele, or fore gn country) IDe. USUAL OCCUPATION (Give kind of work Coal Mines retired Greenville Township U.S.A Miner 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Joshua McKenzie Amanda Arklie AddressFrostburg. Md. 15. WAS DECEASED EVER N L.S. ARMED FORCES? , 16 SOCIAL SECURITY NO | 17. INFORMANT (Yes, no, or unkown), (Ifyesg yewerordetesofservice #1(Barton) Billy Timney R.D. Mrs. INTERVAL BETWEEN 18. CAUSE OF DEATH |Enler only one ceuse per line for (e), (b), and (c). ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (=) 260 x **DUE TO** Conditions, if any, which " (b) geve rise to immediate cause DUE TO (a), steting the underlying remove lest. PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CERTIFICATION PERFORMED? NO X 20b. DESCRIBE HOW, INJURY OCCURED. (Enter neture of injury in Peri I or Peri II of item 18.) 20s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED . 2De. PLACE OF INJURY (Home, form,) (County) (State) 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Year factory, street, office bldg., etc.) While Not While MEDI Hour e.m. at work at vork 21 | certify that (I) (this hospital) attended the deceased from.... 197%194., and that death occured at 1.1...M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE 22a SIGNATURE SIGNED STAFF ATTENDING. DIRECTOR PHY5. PHYS. 22d. ADDRESS 22c, PHYSICIAN'S NAME (Type). 23d. LOCATION (City, town or county 238. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify) Mt. Savage Patrick's Come to py Mt. Savage Burdal 10-11-61 FUNERAL DIRECTOR'S SIGNATURE

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2학 Q 등 조 VR A15 (4) 15M 9/60

After this certificate

DIRECTOR

FUNERAL ector, page 3

for use

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AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

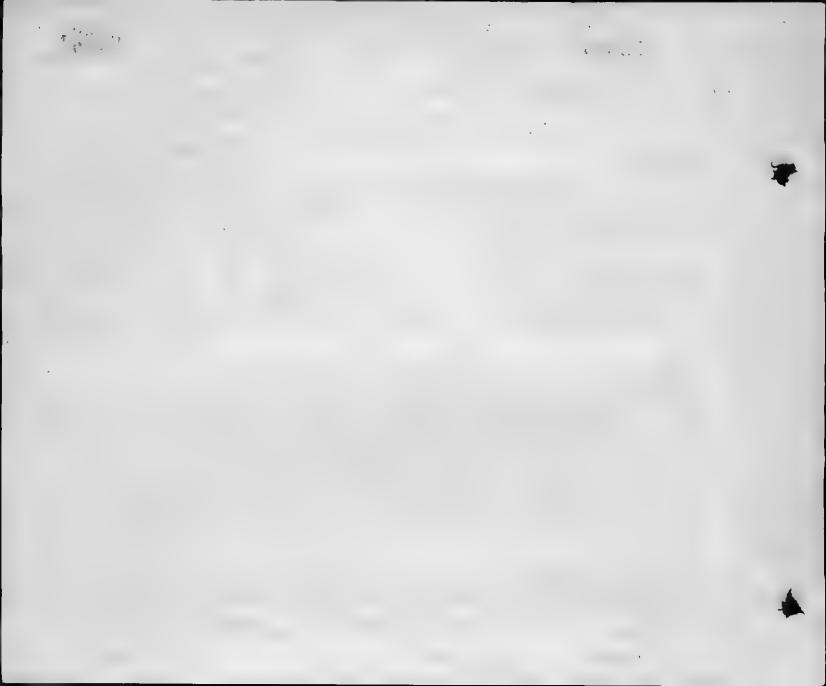
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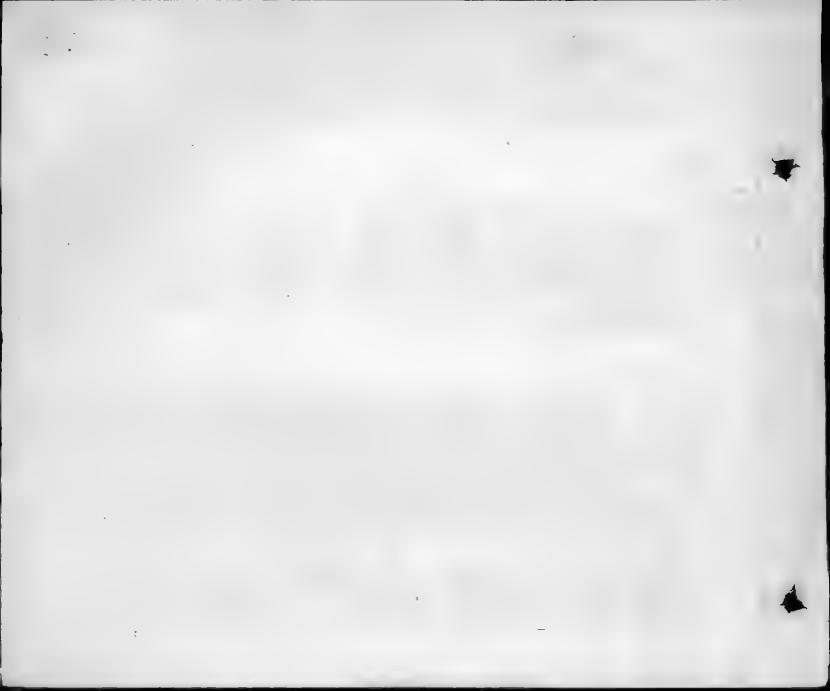
VI)	1. PL/	ACE OF DEATH	10360			2 1	USUAL RESIDEN	CE (Where	deceased	lived. If institu	ution Residence	e befare admis	sion)
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	δ.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				"	c. CITT OR IOW	to (it obisi	ae corporo	te limits, write	KUKAL ond gi	ve nearest taw	n)
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11/ 1	d.	NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	ive street addres	5]		d. STREET ADDR		<u>-</u>			e. IS RE	SIDENCE A FARM?
W /		OK II43111011OI4	Miners Ho	snital			Detmo	A St	ree	-			NO
	3. NA	ME OF	Fir		Middle		Last		DATE	M.	on th	Day	'épr
	DE	CEASED pe or print)		_					OF DEATH				
			GEORGE		EWEY	T	VIETUR	<u>i</u>		10/	The state of the s		*9
	S. SEX			7. MARRIED	NEVER MARRIED	□ 8. DA	TE OF BIRTH		9	AGE (In year last birthday		YEAR IF UND	Min.
	J	Male	White	WIDOWED [DIVORCED []]] 2	2/15/18	398_		62 y		7,5	
	10a. L	ISUAL OCCUPATION	ON (Give kind of work i	done 10b. KIND	OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE	(State or f	oreign cou	ntry)	12. CITIZ	EN OF WHAT	COUNTRY?
	Ĭ		lone	'			Garret	+ (lound	* **	II	SA	
	13. FA	FATHER'S NAME				14	. MOTHER'S MA			- y	-	17 6 27 6 17	
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(1)	15 W		Ohn H. Me		I SECURITY NO. T	17. INFOR	Sarah	1 Tee	evers		ddress		
	[Yes, n	o, or unknown)	(If yes, give war ar dates of s		E SECONITI NO.						341 030		
		No				Mire	s. Anna	Met	its,	Lonac	oning	MD.	
	16	. CAUSE OF DE	ATH [Enter only one co	use per line for	(a), (b), and (c).]			(W)	FE)			INTERVAL BI	
		PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Bose	Lanzon	in			•			2 ,11%	213.
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		Condition it any match.									7415		
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	gave rise to immediate cause (a), stating the under-											1100	4
		ying couse last	(c	, and	LUOS CL	2015	15					year	<u> </u>
	S I	PART II. OT	HER SIGNIFICANT CON	DITIONS CONTR	BUTING TO DEATH	BUT NOT	RELATED TO THE	ETERMINA	L DISEASE	CONDITION	GIVEN IN PART	1(0) 19. WAS	AUTOPSY DRMED2
_	CATION	D	iabetes "	nelli	tus								NO X
	ŭ 2	Do ACCIDENT W	AS UNDERLYING	20b DESCRIBE	HOW INJURY OCC	URRED. (Er	iter noture of inj	ury in Port	Lor Port	I of item 18.)			7
	CERT	OR CONTRIBUTING F EITHER, NOTIF	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER				·	,					
			RY Manth, Day, Ye	or 20d. INJURY	OCCUPATED 20	n DIACE (OF INJURY (Hom	a Sagar I	205 (01).	- taal	100	ounty)	(State)
		Hour o. m.			Not white		street, office bld		zor. (City c	ir townj	(C)	ouniy)	(Sidie)
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	2	I certify th	at (I) (this haspital) attended th	ne deceased fr	amte	M	195(6. ta_0	out.	. 196	1, that (I)	(we) last
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			ON, 236, DATE THEREC)F 23c	NAME OF CEMETE	RY OR CR	EMATORY	230	d LOCATIO	ON (City, tawr	n, ar caunty)	(Sta	re)
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1		INERAL DIRECTO			ADDRESS			REC'D B	Y REGISTR		GISTRAR'S SIG	NATURE	
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11	U.	DOTECTO T	PTOIIIOTEN	TONA	OOM THA	MD.	UA	CT I.					



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Item 9 - 11m Gc 97 10/13/2 USUAP RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY Page files. Health, a. STATE MARYLAND ALLEGANY ALLEGANY MARYTAND ATTUME (TANK) ATTUMENTALLY b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY N 16 director. Board of F write RURAL and give restest lown) CUMBERLAND T. THE CUMBERTAND d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? VALLEY STREET" 536 VALLEY YES NO Y STREET 3. NAME OF 4. DATE First Midd e Month DECEASED OF the (Type or print) DEATH OCT. 4 MET7 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 24 HRS. 5 may 1d 2 with last birthday) Months W DOWED [DIVORCED T FEMALE 10a. USUAL OCCUPATION [Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY (11 BIRTHPLACE (Siete or fore gn country) 12. C TIZEN OF WHAT COUNTRY? Give Pages 1, 2, orm PM3, Page E File pages 1 and yent within 72 h done during most of working life, even if retired) TAVERN OPERATOR $SET_{i}F$ MARYLAND USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ZEDDICK MASON CLARK BEULAH CLARK form 15. WAS DECEASED EVER N U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unkown) | (Ifyesgivewerordalesofservice) with 1220 07 6476 CUMBERLAND. BARBARA ANN SHAW 18. CAUSE OF DEATH linter only one cause per line for (e), (b), and (c) 1 INTERVAL BETWEEN Office along w ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CORONARY OCCLUSION . LEFT IMMEDIATE CAUSE (e) DUE TO CORONARY SCLEROSIS WITH THROMBOSIS Conditions, if env. which (b) gave rise to immediate cause (0) DUE TO 45 40 (a), stelling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 8 NO -TO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of 'tem 18.) ate, writing the value of the Chief Medians. R: Page 3 should rior to burial, or PRIMARY | or CONTRIBUTING | 20d, INJURY OCCURRED 20e, PLACE OF NJURY (Home, ferm, 20f, (City or town) (County) 20c. TIME OF INJURY Month, Day, Yeer (Stefa) factory, street, offica b.dg., atc.) Not While While et work et work execute the certificate, OR: 21 I certify that I took charge of the remains described above, held an Autopsy | XI. Inspection 3 Inquiry TY and in my opinion forwarded t Undetermined manner death resulted from: Natural causes X Accident [Su cide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MED CAL EXAMINER DATE SIGNED should be for FUNERAL I SIGNATURE DEPUTY MEDICAL EXAMINER BENEDICT SKITARELIC, M.D. NAME (Type) Address (Street, city, town, or county) 22d. LOCATION (City, town, or country) 226. BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) P40 9 BURTAL GREENMOUNT CEMETERY CUMBERLAND, MD 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE **ADDRESS** VS. AISME 5M 9'60 BYRON KICHT CUMBERLAND, MD.



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FOR ST				10928 MED	ICAL E	XAMINER	S CERTIFI	CATE C		H Reg. [list. No.	0921
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oges 1, PM3. Poges 1			FATHER'S NAME	ERT MORAN	_!	-	14. MOTHER'S M	AIDEN NAME	HESS			_
Give P Give P File g		15. Yes	WAS DECEASED !	EVER IN U. S ARMED FORCE			OBT. MOF	RAN. 11		ddress ST.	FROST	BURG.
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TO DE	0	B	REMOVAL (Speci URIAL	10-26-61	S.	T. PATRIC	K'S CEMI	TERY_		AVAGE,	MD	(State)
VS A15ME 5M 2/57	34	23	FUNERAL DIRECTO	Just 1		ROSTBURG,	Mn.	PAICT 2 6		Laller 2. T		



VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10929 CERTIFICATE OF DEATH 10922

I. PLACE OF DEATH	2. USUAL RESIDENCE (Where decreased lived, If institution: Residence before edmission)
ALLEGANY MARYLAN	e, STATE KK WEST VIRGINIA MINERAL,
b. CITY OR TOWN ("f outside corporete I mils, LENGTH OF STAY IN	to c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
write RURAL and give neerest town) CUMBERIAND 3 days	RURAL RIDGELEY
d. NAME OF HOSPITAL OR INSTITUTION (if not 'n hospitel, give street eddress)	d STREET ADDRESS J a. IS RESIDENCE
	ON A FARM? YES NO XT
SACRET HEART HOSPITAK	Last 14. DATE Month Dey Yeer
DECEASED	OF
(Type or print) BENJAMIN FRANKLIN	MURRAY- 10 20 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
MALE WHITE WIDOWED X DIVORCED	Jan. 2. 1884 77 yrs.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)	JSTRY LACE (County & State, or fore country) 12. CITIZEN OF WHAT COUNTRY?
Assemblyman Bell Co.	MARYLAND U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN HINRY MURRAY	MARIE SUSAN ARNOLD
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1	
(Yes, no, or unkown) ((Ifyesgivewarordatesofservice)	CITATOD
NO 232-03-0300 [18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).)	CHART INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (6)	
DUE TO 1	wel / Arriva Juna
Conditions, f eny, which (b)	all Village
geve rise to immediate cause (a), stelling the underlying DUE TO	1 sexting all among the
cause lest. (c)	n o contract
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200. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCU	URED. (Enter neture of injury in Part I or Pert II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20c.	PLACE OF INJURY (Home, ferm, 2Df, (City or town) (County) [State]
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	199560 927 2 0, 198 , that (I) (we) last
21. I certify that (I) (this hospital) attended the deceased fro	
	that/death ofcured at
220. SIGNATURE	ATTENDING MED. STAFF
22c, PHISICIAN'S	M.D. PHYS DIRECTOR PHYS.
NAME (Type)	220. 100103
JDR. B.M. SCHINDLER	43 GREENE STREET
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETI	
Burial Oct. 22, 1961 Rose Hill	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESSumbe	007 2 2 761 0 -1 0 /4
Charles L. George, 202 Greene St. Mar	yland DATE OCT 23'61, arthur S. Kisus



MARYLAND STATE DEPARTMENT OF HEALTH RESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORD CERTIFICATE OF DEATH 1 PLACE OF DEATH 2 IISHEL RESIDENCE (Where decreased lived, if institution, Residence before admission) a. COUNTY b. COUNTY Allegany Allegany

b. CITY OR TOWN til ourside corporata limits. MARYLAND c. CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) LENGTH OF STAY IN 16 write RURAL and give neerest town) Frostburg Lifetime ${ t Frostburg}$.⊆-Pages filled i d. STREET ADDRESS a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (f not in hospital, g va streat address) ON A FARM? College Avenue West College YES NO T Avenue 3. NAME OF Middle DECEASED (Typa or print) DEATH 27 th 19 61 AGE (In years | IF UNDER 1 YEAR) 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months WIDOWED TO DIVORCED physician 10e. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY B RTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Frostburg, Md. U.S.A. Housewife Own Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please .= ding Martin Hartig Catherine Dilfer alten 15. WAS DECEASED EVER IN J S. ARMED FORCES? , 16, SOCIAL SECURITY NO 17. INFORMANT Address Frostburg, Md. (Yes, no, or unkown) | (Ifyasgivewarordatesofsarvica) Mrs. Alice Scoggan, 62 W. College, None 18. CAUSE OF DEATH [Enter only one cause pectine for (e), [b and (c).] PART ! DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) 4 < 2.1 DUE TO Conditions, if any, which " gava rise to immediate cause **DUE TO** (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART II.) 19. WAS AUTOPSY PERFORMED? NONG NO X 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18) 20a. ACCIDENT WAS UNDERLYING _] OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED . 20e. PLACE OF INJURY (Homa, farm, 1 (State) 20c. TIME OF INJURY 20f. [City or town] (County) Month, Day, Yaar factory, streat, offica bldg., etc.) Not While Hour a m saw the deceased alive on..... OCT: 27 19 61., and that death occurred at 2. P.M., from the causes and on the date stated above. 22b. DATE ATTENDING 22a. SIGNATURE SIGNED DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Spacify) 0 4 3 Burial Frostburg Memorial Park Frostburg 250. RECO BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Hafer Fune Pars Home VR A15 (4) 15M 9/60 C Than & Kenne DATE Main Frostburg Md.



ö

hospital

ፉ



VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
10933 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		No.1	# 1	O	1)	1
Reg.	Dist.	No.L	U		54	1)

1. PL	PLACE OF DEATH o. COUNTY ATTEMPT MARYLAND						2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE 15. 707 10. 7 b. COUNTY A 7 7 COUNTY A 7							
b. (ITY OR TOWN (He	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lown)												
	Cumber lar	Cum	berla	nd		- 1	6.1							
d. 1	NAME OF HOSPITA	L OR INSTITUTION (If not in hosp	pital, give street	address)	d. STREET	A 100 E 100 E 100						ESIDENCE	
DC	1 Temor	il Hospit	1				Cont	m 1 1	venue		/		A FARM?	
J. NA	ME OF CEASED	Fir	st	Mic	idle	Las		4. DATE	Me	onth	Do	y Y	ear	
	pe or print)	WILLIAM		# # ### # <u>#</u> }	y.	RHODES		OF DEATH	Coto	hon	O	1	9 61	
3. SEX		6. COLOR OR RACE	7- MARRIE	D NEVER N	ARRIED 🚺 8.	DATE OF BIRT	н		9. AGE (In years foot birthday)	IF	INDER TYEA			
14	rle	Colored	WIDOWED	DIVO	RCED 🔲	Jun. 3	0, 19	.22	20 "	n. Me	onths Doys	Hauns	Min.	
10a. U	SUAL OCCUPATION	N (Give kind of work life, even if retired)	done 10b. K	IND OF BUSINE	SS OR INDUSTI	Y 11. BIRTHPI	ACE (State	or fareign	country)		2. CITIZEN	OF WHAT	COUNTRY	
	Tabozer	ma, avail it famea;	0.0	d Jobs		Cum	berla	nd. M	aryland	1	U	5A		
13. FA	THER'S NAME	6. 1				14. MOTHER'S	MAIDEN N	NAME		-				
		Unkne	wn			Ma	ry Ja	ne Rh	odes					
15. W.	AS DECEASED EVER	R IN U. S. ARMED FO	RCES? 16. S	OCIAL SECURIT	Y NO. 17. IN	FORMANT		-	Addr	011				
	Tes	Kev Kev		5-15-40:	34 P	ntl. Kho	dos,	מי"יישט	mlohd, l	Tr.17	Inrl			
18	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]												INTERVAL BETWEEN ONSET AND DEATH	
	PART I. DEATH WAS CAUSED BY CORONARY COOLUSION											5btf.		
	420.1 DUE TO													
	Conditions, if ony, which) (b) CONOTANI THE BOSIS									Sudden				
	(a), stoting the underlying DUE TO													
	ouse last.	(c)												
Z	PART II. OTHE	R SIGNIFICANT CON	DITIONS CO	NTR BUTING TO	DEATH BUT N	OT RELATED TO	THE TERMI	INAL DISEAS	E CONDITION	SIVEN I	N PART 1(a)		AUTOPSY RMED?	
3	Acute I	latty Live:										YES 🔼	NO [
CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.													
	c. TIME OF INJURY		r 20d. II	NJURY OCCURRI	ED 20a PLAC	E OF INJURY (Home form	205 (Cin	er town)		(County)		(Stote)	
MEDICAL	Hour c. m. p. m.	19	While		fecto	y, street, office	bldg., etc.	3	, or lowing		(Coolify)		(31010)	
2	I. I certify the	it I took charge	of the re	emains desc	ribed abov	e, held an	Autopsy	y 👿 , li	nspection [₹, 1	nquiry 🔀	, and	find tha	
d	eath resulted f	rom: Natural	causes 🔀], Acciden	t 🔲, Suic	ide 🔲 , 🕒	lomicide	□, U	ndetermined	caus	e 🔲.			
	/) ,)	1 10	1	1.									
Si	GNATURE X	enedict	LIK	Jaret	us)	M.D. CHIEF A	AEDICAL EX	AMINER [DATE \$	IGNED	
	ASSISTANT MEDICAL EXAMINER									10/9/	61			
NAME (Type) Banadiat Shitamelia, M.D. DEPUTY MEDICAL EXAMINER []										V I				
	EMOVAL (Specify)	, 22b. DATE THEREO	F :	22c. NAME OF	CEMETERY OR	REMATORY		22d, LOCA	TION (City, town	n, OF CO	unty)	(State)	
	Durid	16/11/6	1		ım Pıjni	ol lark			<u>orland</u>					
23. FUI	NERAL DIRECTOR'S		n	ADDRESS	'n			D BY REGIST	10.4		R'S SIGNATI			
	,0,0,	T. Hofor, I	ruita, o i	T.T. 6 1.	ar, and		DATE	CITT	DI	Oxtl	ur 8. FG	inica.		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after 2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before admission) 1. PLACE OF DEATH e. COUNTY b. COUNTY ALLEGANY MARYLAND ALLEGANY MARYLAND b. CITY OR TOWN (if outs de corporete I m ts, c. City OR TOWN (If outs de corporate limits, write RURAL and give neerest town) c. LENGTH OF STAN IN 16 write RURAL and give neerest town) CUMBERLAND LONACONING filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, a ve street eddress) U. STREET ADDRESS e. IS RESIDENCE ON A FARM? MEMORIAL HOSPITAL WATERCLIFF ST .. YES NO E NAME OF Midd e DECEASED pap 19 6 L DEATH (Type or print) RIVENBARK COMP within 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE 17. MARRIED NEVER MARRIED X 8 DATE OF BIRTH ast birthday) Months Days 1961 W DOWED DIVORCED TO OCTOBER FEMALE 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retirad) U.S.A. CUMBERLAND, MARYLAND 13. FATHER'S NAM None 14 MOTHER'S MAIDEN NAME please MATILDA OFROURKE DAVID C. RIVENBARK 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no or unkown) (If yes give we ror detes of service) CUMBERLAND, MD. MEMORIAL HOSPITAL None INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per I no for (a), (b), and (c) | ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO geve rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY certificate PERFORMED? NO C 20b DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert II or Pert II of Item 18.) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (State) After i 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg , etc. Not While While Hour a.m. at work st work DIRECTOR: saw the deceased alive on 22b. DATE 22a, SIGNATUR SIGNED PHYS. DIRECTOR director, page 3 PHYSICIAN'S 22d. ADDRESS NAME (TYPE)ELAND RANSOM GREENE ST., CUMBERLAND, MD. 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION, | 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY St. Marys Cemetery Lonaconing. 250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) OCT 1 3 '61 15M 9/60 EICHHORN LONACONING. 2060222XVD



Division of STATISTICAL RESEARCH AND **BALTIMORE 1, MARYLAND** 2. USUAL RESIDENCE (Where decessed lived, if institution; Residence before edmission) 1. PLACE OF DEATH y is necessary, I director. Page or your files. e. COUNTY Maryland Allegany MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give nearest town) Cumberland Irons Mountain Boar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street eddress) jo daSTREFT ADDRESS retained he State B Memorial Hospital R.F.D. 4 NAME OF Middle 4. DATE DECEASED (Type or print) Millard Alvin Robinette DEATH with the Oct -6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 1898 9. AGE (In years | F UNDER 1 YEAR) ad 2 with last birthday) Months WIDOWED [Male DIVORCED 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) Own Farm Farmer Trons Mountain, Md. pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Laura B. Valentine Charles Robinette IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT permit. (Yes, no, or unkown) | (If yes give wer ar detes of service) e along with George Tedrick, Cumberland, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). PART I. DEATH WAS CAUSED BY: MYOCARDIAL INFARCTION, MASSIVE IMMEDIATE CAUSE (a) OT 3UD burial CORONARY SCLEROSIS WITH OCCLUSION Conditions, if any, which gave rise to immediate cause 40 DUE TO (e), stating the underlying cause last. , writing the word "pend to Chief Medical Examin Page 3 should be used it to burial, cremation, or PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1, e) 19, WAS AUTOPSY CERTIFICATION MEDICAL EXAMINER: This 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of them IE.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. e execute the certificate, writing build be forwarded to the Chief INERAL DIRECTOR: Page 3 designated agent, prior to but 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Year fectory, street, office bldg., etc.) While Not While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X. Inquiry X death resulted from: Natural causes X Accident Suicide [Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER should be for FUNERAL SIGNATURE A DEPUTY MEDICAL EXAMINER A October 28, 1961 SKITARELIC, M.D. BENEDICT NAME (Type) Address (Street, city, town, or county) 228. BURIAL, CREMATION, 225 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 240 p Hillcrest Burial Park Cumberland, Md. Burial 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME Cuthur S. Kraus James F. Scarpelli, Cumberland, Md. DAGCT 3 1 '61

MARYLAND STATE DEPARTMENT OF HEALTH

Allegany

e. IS RESIDENCE ON A FARM?

YES X NO

1961

IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO

> > (State)

and in my opinion

DATE SIGNED

(State)

0.74

(County)



CERTIFICATE OF DEATH 10936 funeral should PLACE OF DEATE a. COUNTY a. STATE ALLEGANY the 12 MERYLAND b. CITY OR TOWN (if outs de corporate cemits, pue C. LENGTH OF STAY IN 16 è write RURAL and give neerest town) CTIMBURTAND CUMBERLAND .= = Pages filled . d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS MARKET SACRED HEART HOSPITAL papers. 3. NAME OF Month DECEASED OF (Type or print) DEATH SCHARF PLORENCE ERMA OCT 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 5. SEX B. DATE OF BIRTH last birthday) Months То 69уп. FEMALE WIDOWED [DIVORCED physician 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 1. BIRTHPLACE (County & State, or foreign country) dona during most of working life, even if retired) AT HOME HOUSEWIFF VIRGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please death s attending parts and Then please .= SAMUEL BARRETT (DECEASED) EMMA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO., 17. INFORMANT (Yes, no. or unkown) | {|fvasqiva warordatasofsarvice} PATIENTS CHART ending physician. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b) and (c).] PART I. DEATH WAS CAUSED BY: Con estive Teart IMMEDIATE CAUSE (a)_ signed DUE TO (b) Irveriosclaratic and Impertensive cardio gava rise to immadiate cause vascular disease DUE TO (a), stating the underlying hosp,tal or certificate PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 179, WAS AUTOPSY 20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of injury in Part I or Part II of Iam 18) 20a ACC. DENT WAS UNDERLYING ...
OR CONTRIBUTING ... CAUSE OF DEATH : UF EITHER, NOTIFY MEDICAL EXAMINER detached MEDICAL ined by t: After t 20c. TIME OF INJURY 20d. INJURY OCCURRED, 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) Month, Day, Year factory, straat, offica b.dg., atc.) While _Not While Hour s.m. at work at work 1 may be retaine DIRECTOR: / 3 should be det 22a. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) director, be filed v 23a. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) OI RoseHill Cemetery Cumberland Burial 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** YR A15 (III) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

2. USUAL RESIDENCE (Where dacassed I vad, If institution: Residence before a dmission) **b.** COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)

a. IS RESIDENCE ON A FARM? YES NO Y

19 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

INTERVAL BETWEEN ONSET AND DEATH

(County)

(Stata)

6 Trools

PERFORMED? NO T

21 | certify that (I) (this hospital) attended the deceased from 12 - 4, 1954 to 10-17......, 1951, that (I) (we) last

SIGNED

23d. LOCATION (City, town or county)

25a, REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE

Ruth E. Silcox

Cumberland

Maryland

DATE OCT 2 3 '61

atlan & House

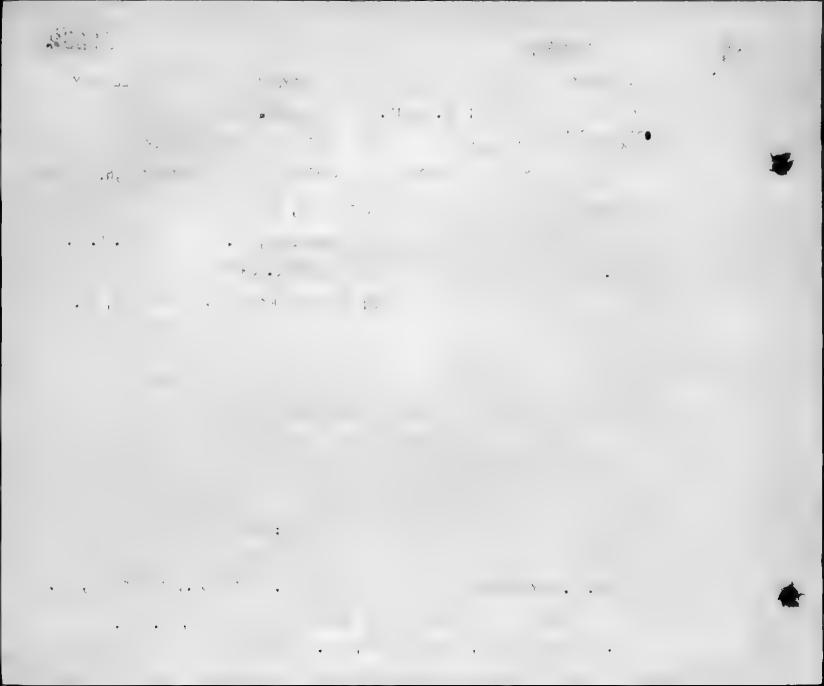
4

6 40

ofter death.



MARYLAND STATE DEPARTMENT OF HEALTH



FOR STATE **HEALTH DEP1** TO D. UIX MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. (My delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

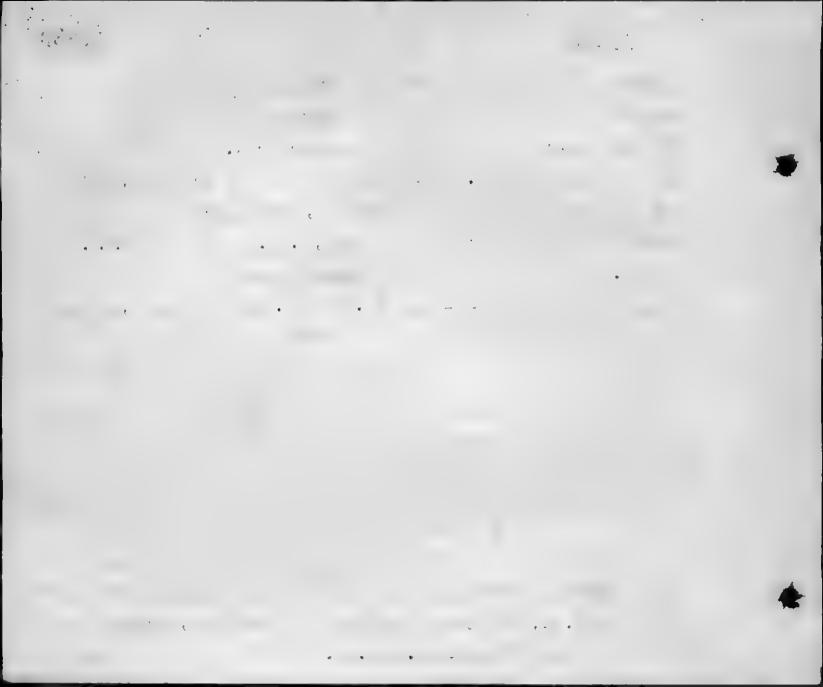
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File-pages 1 and 2 with the State Board of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF REALITY

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

33

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission)
Allegany Maryland	Maryland Allegany
b. CITY OR TOWN (if outside corporate limits. E. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL and give necrest town)
write RURAL end give neerest town	, ho
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS
5. TAME OF TOUR INC. OF INCIDING IN HOSPITER, GIVE SITES ECONOSSI	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
Found Dead in Car_	408 Decatur St.
3. NAME OF First Middle Middle	Lest 4. DATE Month Dey Yeer
(Type or print) Howard M. Spiker	The bit of some
	DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR) IF UNDER 24 HRS.
	last birthdey) Months Devs Hours Min.
	arch 17, 1898 63 yrs.
done during most of working life, even if retired	11. BIRTHPLACE (Slete or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Realator Insurance	Dobin, W. Va. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas J. Spiker	Rebecca McKimmey
15, WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, 11	NFORMANT Address
Yes WW 1 220-10-158/	- D
Yes WW 1 220-10-158/ Mr	s. Bessie A. Hanks Cumberland, Maryland
PART I. DEATH WAS CAUSED BY	OŊSET AND DEATH
IMMEDIATE CAUSE (0) Concurry	Occlusion Sudden
4201 DUE TO 1	Sclerosis Sudden
Conditions, if eny, which \ (b) aronary	Acleros 15
gave rise to immediate cause (a), stating the underlying DUE TO	
cause lest.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)1 19, WAS AUTOPSY
9	PERFORMED?
D AA FYTTINIAL CANCE WAS A LONG PERCENT HOW NAMED A COUNTY OF	YES NO 🔀
☑ PRIMARY □ or CONTRIBUTING □	nter nature of Injury In Pert I or Pert II of Item 18.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stele)
Hour a.m. While Not While fector	13) mant acces minist med
21. I certify that I took charge of the remains described above, hel	d an Autopsy . Inspection . Inquiry . and in my opinion
death resulted from: Natural causes X, Accident , Suici	
death resulted from: Training Causes X, Accident	
1 1 1 1 1 1	CHIEF MEDICAL EXAMINER
SIGNATURE DEMOCKET SPECIARLE	M.D ASSISTANT MEDICAL EXAMINER TO A DATE SIGNED
EXAMINER'S	DEPUTY MEDICAL EXAMINER & OCT 18, 1961
NAME (Tyge) Benedict Skitarelic	Address (Street, city, town, or county) Cumberland Md
22e. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d, LOCATION (City, town, or country, (Sate)
Burial Oct. 21, 1961 Rose Hill Come	tery Cumberland, Maryland
23 TUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Louis Stain No 117 Frederick St. Cum	007 0 0 105
CONTRACTOR THE FREQUETER DES CUM	b. Md. DATE OCT 23 '61 Clashing & Known

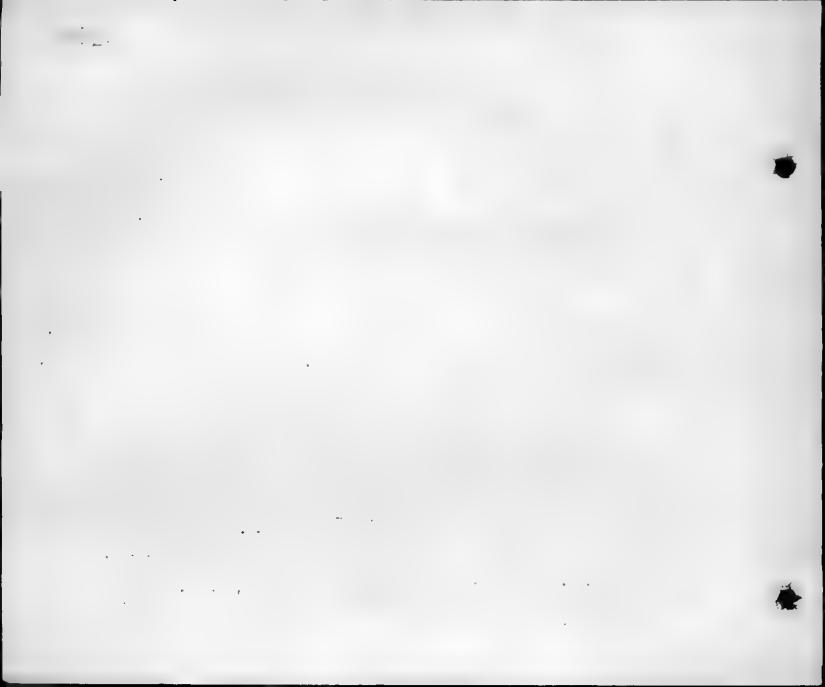


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

10934

1. PLACE OF DEA a. COUNTY	AND 2	usual resid a. STATE			d lived. If instituti b. COUNTY			e admiss	ian}			
b. CITY OR TO	WN (If autside carporate limitive neacest town)	1 1Ь	c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)									
d. NAME OF H OR INSTITUT	OSPITAL (If not in hospital, g	ive street	address)		d. STREET AD	one						IDENCE FARM? NO
3 NAME OF DECEASED (Type or print)	Fingana	st	Middle ਇੰਟੀਵਰਵੈਂਟਰ	Ctar	last alama sa		4. DATE OF DEATH	Mai	nth fraham	D ₀		Year 19 = 1
S. SEX	6 COLOR OR RACE	7. MARE	RIED NEVER MARRIED ED 11 DIVORCED		ATE OF BIRTH			9. AGE (In years last birthday) yrs	IF UNDER	Doys	Haurs	ER 24 HRS Min
during mast a	PATION (Give kind of work if working life, even if retired nter)	kind of Business OR		faryler	nd		ountry)	1	IZEN OF		OUNTRY
13. FATHER'S NAN	Espy L. Stoc	kman			14. MOTHER'S		Wise					
15. WAS DECEASE	DEVER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17 INFO	RMANT			Add	lness			
J.L.	(it yes, give wor or solide or a		0 02 56:7	Tu3:	in St o	The state of		07 27	9 9 6	7 7 -	7	
PART I	F DEATH [Enter only one of the content of the content on the conte) G	erabral Hem				_			<u> </u>	LC J	L' •
	. OTHER SIGNIFICANT CON	DITIONS (CONTRIBUTING TO DEAT	H BUT NO	OT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GI	VEN IN PAI	RT 1(a) 1	9 WAS PERFO YES [RMED
OR CONTRIBLE (IF EITHER, NO. 20c. TIME OF IME	10	or 20d. II	CRIBE HOW INJURY OC	Ge. PLACE	OF INJURY (H y, street, affice	lame, farm	20f (City			(Caunty)		(State
21. I certify saw the de 22a SIGNATU	y that (I) (this haspita		l å d the deceased f	hat dea	ATTENDING	i at 242.	M Trom	the causes a	, 19_ nd an th 9~9~	e date	stated	we) las l abave b.DATE SIGNEE
22c. PHYSICIA NAME (T		stror	15.	フ	22d. ADDRES		Paw.	W. Ve.				
23a BLR AL, CREA	vat on, 23b. Date thereo	DF 1	23c NAME OF CEMET	ERY OR C			23d LOCA	TION (City, town,		7.55	(Stat	e)
24. FUNERAL DIRE	CTOR'S SIGNATURE		ADDRESS				BY REGIST		ISTRAR'S S			
	مددي مددي		7" 3" 2" "			DATE QQ	T 13 '6) 1 C	ulus S	. Trai	Lab.	

VR A1S (4) 15M 9/59



AND STATE DEPARTMENT OF HEALTH STON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a COUNTY b. COUNTY a. STATE Allegany Macy Land

c. CITY OR TOWN (If outs'da corporata limits, wr la RURAL and give nearest town) MARYLAND b. CITY OR TOWN outside corporate limits, c LENGTH OF STAY IN 16 write RURAL and give rearest town Cumber Land NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat addrass) a. IS RESIDENCE d. STREET ADDRESS ON A FARM? Sacred Heart Hospital YES NO 533 Greene St. A NAME OF Middle 4. DATE **6**I DECEASED OF DEATH (Type or print) John 19 TO 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER TYEAR | IF UNDER 24 HRS. last birthday) Months Days Hours Malm White WIDOWED DIVORCED 67 yrs. 10a. USJAL OCCUPATION (G'va kind of work 10b KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. B RTHPLACE (County & State, or fore on country) done during most of working life, even if relired) Retired Sheetmetal () 13. FATHER'S NAME William Trostle 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Cumb, (Yas, or unkown) | (If yas giva war or datas of sarvica) 18. CAUSE OF DEATH [Enter on y one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. 117 thereta, 24 HOSA IMMEDIATE CAUSE (a) Conditions, if any, which gava rise to immadiata causa DUE TO (a), stating the underlying 105C/Crettie WAS AUTOPSY RESPORMED? CERTIFICATION NO 1 1 becho 208. ACCIDENT WAS UNDERLY ING 1 20b. DESCRIBE HOW INJURY OCCURED, theyer nature of mury in Part I or Part II of item 18.) OR CONTR BUTING I 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! 20c. TIME OF INJURY 20d. NAURY OCCURRED 20a, PLACE OF INJURY (Home Farm, 20f. [City or lown] (State) Month, Day, Year (County) factory, strael, office bldg., e.c.) While Nor-While Hour a.m. a! work at work -to 19 (we) last, and that death occurred of Co 7M, from the causes and on the date stated above. saw the deceased alive on... 22a. SIGNATURE DATE ATTEND NO SIGNED STAFF PHYS. DIRECTOR PHYS. 22d. APDRESS director, be filed \ 23a. BURIAL, CREMATION, 23b.

Cirthur S. Hrang

and deat physician please attending | FUNERAL 0 VR A15 (4) 15M 9/80



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY ALLEGANY MARYLAND ALLEGANY b. CITY OR TOWN ('f outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) CUMBERLAND 5 CUMBERLAND 16 - dvs d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO SACRED HEART HOSPITAL 221 BALTIMBRE ST 3. NAME OF First M ddla 4 DATE Year DECEASED (Type or print) DEATH GUY OCTOBER 28-6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. last birthday) Months WIDOWED -DIVORCED MALE 1Da. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Willison Oil Co. West Virginia SALESMAN U.S. 13. FATHER'S NAME I 14. MOTHER'S MAIDEN NAME please and in a LOUIS VIRTS MINNIE RILEY VIRRS 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT hen (Yes, no, or unkown) | (If yes give war or dates of service) Balti. St. Cumb. 220-03-7105 Mrs. Guy Virts, 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATE PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+) gava risa to Immediate ceuse DUE TO (a), stating the underlying couse last. 46105 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) WAS AUTOPSY PERFORMED? 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part Lor Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED, 2De, PLACE OF INJURY (Home, farm, 20f. (City or fown) (Stete) (County) factory, street, office bldg., etc.) While Not While at work. 21. I certify that (I) (this hospital) attended the deceased from...... 19 Col., and that death occured at saw the deceased alive on..... ATTENDING MED. SIGNED PHYS. DIRECTOR PHYS. 22c. PHYSIC, AN'S 22d. ADDRESS - NAME (Type) director, ba filed y DR. S.G. WETSMAT 23d. LOCATION (City, town or county) (State) 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial 10/31/61 Rose Hill Cemetery Cumberland, Md. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS. 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4) George, Cumberland. 15M 9/60 DATE

filled

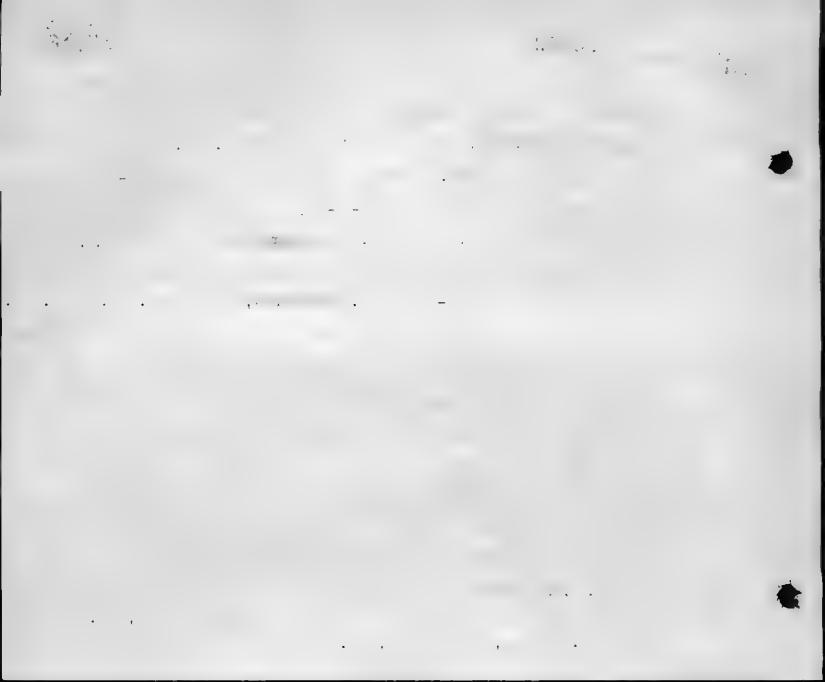
physician

altending

FUNERAL

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MARYLAND STATE DEPARTMENT OF HEALTH



Hafer Funeral Home

23 E. Main. Frostburg. Md.

(Stote)

24b. REGISTRAR'S SIGNATURE

arthur & Kraus

24g, REC'D BY REGISTRAR OCT 2 3 '61

physicion 0 VS A15 (4) 15M 9/58

23. FUNERAL DIRECTOR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY MARYLAND LENGTH OF STAY IN 16 utside corporate limits, write RURAL and giv filled IS RESIDENCE give street eddress, ON A FARM? YES NO Z DATE Month DECEASED OF DEATH 1961 (Type or print) Com ALINDER TYEAR AGE (In yeers IF UNDER 24 HRS. MARRIED NEVER MARRIED last birthday) and Months Days Car WIDOWED I DIVORCED OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? MED FORCES? INTERVAL BETWEEN 18. CAUSE OF DEATH if nter only one cause per line ONSET AND DRATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO T 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of in ury in Perf I or Perf II of item 18.) 20s. ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING FI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED. 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour a.m. et work et work D. m. 21. I certify that (I) (this hospital) attended the deceased from Y - 3 saw the deceased alive 22b. DATE 22s. SIGNATURE MED STAFF SIGNED D.RECTOR PHYS. PHY5. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) CEMETERY OR CREMATORY LOCATION (State BURIAL, CREMATION, 1 23b. DATE THEREOF 0 VR A15 (4) 15M 9160 DATE arthur S. Thousa

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VR A1S (4) 15M 9/59

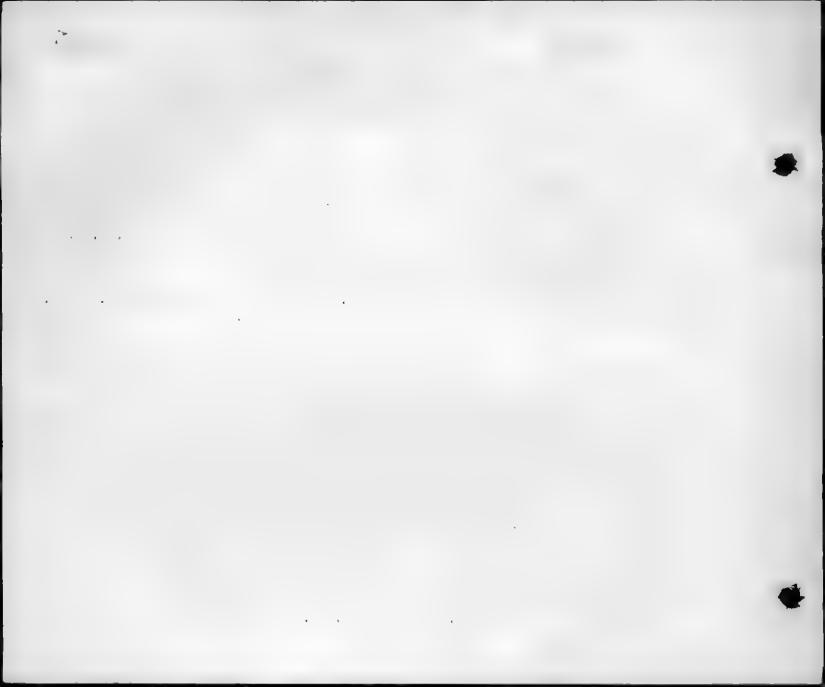
aurs after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

100/6

10939

Ì	PLACE OF DEATH	UU TU			2	USUAL RESIDENCE (WI	here deceased		on: Residence	before admi:	ssion)	
	o. COUNTY	GANY	5	MARYLA	AND	o. STATE MARYLAND b. COUNTY ALILEGANY						
Ì	b. CITY OR TOWN (IF	oulside corporate iimi	its, write c. L	ENGTH OF STAY IN	1 16	c. CITY OR TOWN (If	outside corpo	rote limits, write R	URAL ond gn	re nearest tov	vn)	
1	RURAL ond give ne	A 44 A 500				(1. 1	. J.	(A d		
,	d. NAME OF HOSPITA		give street oddre	:55)		d STREET ADDRESS				e IS RE	SIDENCE	
	OR INSTITUTION	434 Laing	Avenue			434 Lain	g Aven	ue			A FARM?	
	3. NAME OF DECEASED	Fir	rst	Middle		Last	4. DATE	Mon	th	Day	Yeor	
A	(Type or print)	3	da	Belle		Wilson	OF DEATH	Octo	ber	11	1961	
4	S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	□ B.	DATE OF BIRTH		9. AGE (In years lost birthdoy)		YEAR IF UNI		
	FEMARE	WHITE	WIDOWED -	DIVORCED		11/24/1878		82 yrs	Months	Doys Hours	Min	
	10g USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b. KIND	OF BUSINESS OR	INDUSTR	Y 11, BIRTHPLACE (Slote	or foreign o	ountry)	12. CITIZ	EN OF WHAT	COUNTRY?	
1	HOUSEV	IFE	"			MURLEYS	BRANCH		U.	S. A.	,	
Ī	13. FATHER'S NAME			14. MOTHER'S MAIDEN I	NAME							
		ohn Middle	eton			Permelia	Hardm	an.				
	15. WAS DECEASED EVER	IN U. S. ARMED FOR		AL SECURITY NO.	17, INFO	RMANT		Addi	ress			
	No	r yes, give war or dones or s	sel vice)		M	irs. Julia S	nider	434 La:	ing Av	e., Cu	mb. Mo	
	18. CAUSE OF DEA	TH [Enter only one co	ouse per line for	(o), (b), and (c)]						INTERVAL B		
١	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	Olax.	Deci mod	20	4. 12.Ca	ddo	A		ONSE! AIN	DUCAIN	
	181.0	DUE TO				-						
	Conditions, if or	y, which) (b	1									
	gove rise to in	nmediote (,				-					
	lying couse lost.	lying couse lost. Col										
	PART II. OTH	ER SIGNIFICANT CON	iditions <u>cont</u>	RIBUTING TO DEAT	H BUT NO	OT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART	1(o) 19 WAS	S AUTOPSY ORMED?	
	PART II. OTH 20g. ACCIDENT WAR OR CONTRIBUTING (IF EITHER, NOTIFY)			\propto						_	NO	
	20g. ACCIDENT WA	CAUSE OF DEATH	20b. DESCRIBE	HOW INJURY OC	URRED. (Enter noture of injury in	Port 1 or Por	t II of item 18.)				
1		MEDICAL EXAMINER)		7								
	20c. TIME OF INJURY	Month, Doy, Ye	or 20d. INJÚR While	Y,OCCURRED 2		OF INJURY (Home, farm y, street, office bldg., etc		or town)	(Co	ounly)	(Stote)	
1	₽. m.	19		ol work								
	21 I certify that	t (1) (this haspita	l) attended i	the deceased f	ram	12.cen 19	2.60/ .to_	Se RY II	19_6	L. that (I)	(wre) last	
	saw the deceas	ed alive an Sca	24 is	19 62 1. and t	hat dec	ith accurred at 🕰	M, fram	the causes an	d an the	date state	ed abave.	
	220. SIGNATURE	1				ATTEMPING		ev.pr		2	226 DATE SIGNED	
1	Ki 14	alulfi.	4130		М,1	ATTENDING MA	RECTOR [STAFF PHYS.		101	12/69	
1	22c. PHYSICIAN'S NAME (Type)	. 1	45 N. S. 1	MATHEWS		22d ADDRESS				,	, ,	
			47 Chac	an Street		<u></u>						
	23g BUR AL, CREMAT OF			NAME OF CEMET				ION (City, town,	or county)		ote)	
	REMOVAL (Specify)	10/14/	61	Mt. Herma	n, C		1	berland,		Mary.	Land	
	24 FUNERAL DIRECTOR'S	SIGNATURE	1 -	ADDRESS	2.5		D BY REGIST		STRAR'S SIGN			
	John J	rager	Cu	mberland,	Mar	yland DATE OC	T 1 6 '6	1 Chr	Men d. 71	Lyantos.		



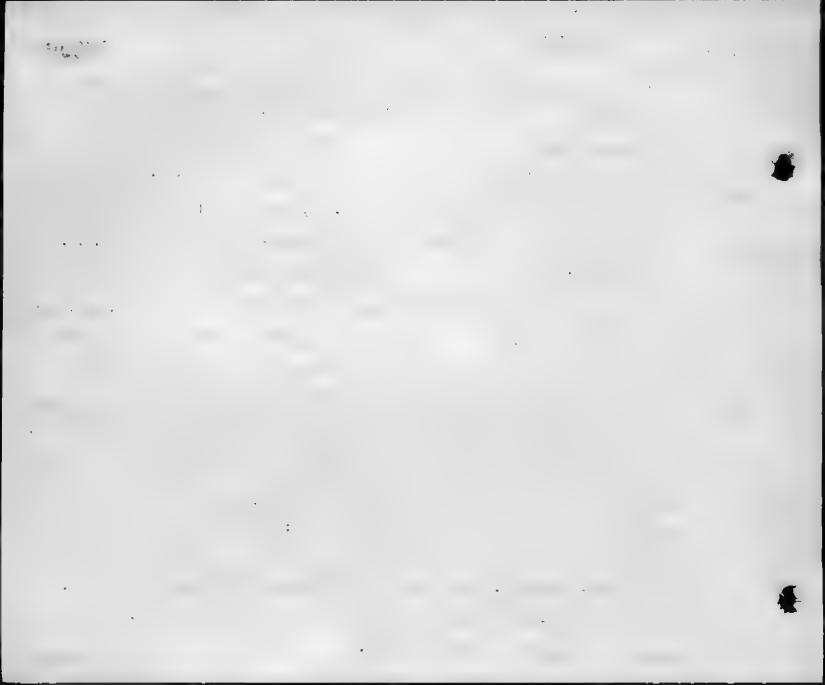
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
10947 CERTIFICATE OF DEATH
10940

Н	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased I'ved, If institution: Residence before admission)
/	COUNTY ΔΙΙΓGΔΝΥ MARYLAND	MARYLAND 5. COUNTY ALLEGANY
	B. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	write RURAL and give nearest town)	CUMBERLAND
	CUMBERLAND 29 DAYS	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address)	d. STREET ADDRESS a. 15 RESIDENCE ON A FARM?
	MEMORIAL HOSPITAL	34 WEST FIRST STREET
	3. NAME OF First Middle	Last 4. DATE Month Day Year
)	DECEASED (Type or print) MILDRED	WISE DEATH OCT. ! 19 61
/	- MICORCO	DATE OF B.RTH .9. AGE (In years, IF UNDER 1 YEAR, IF UNDER 24 HRS.
	1. mounts Heavy mounts	last birthday) Months Days Hours Min.
	FEMALE WHITE W DOWED X DIVORCED	JAN. 28, 1900 61 yrs.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratirad)	TY 11. B.RTHPLACE (County & Stat., or fora gn country) 12. CITIZEN OF WHAT COUNTRY?
	Domestic Railroad	MARYLAND -CUMBERLAND U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	AUGUSTUS M. TABLER	
		SAVILLA GLOVER
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 [Yes, no, or unkown] [liyesgivawarordatesofsarvice]	INFORMANT Address
	No 705-12-5440 M	EMORIAL HOSPITAL CUMBERLAND, MARYLAND
	IB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).)	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	The state of the s
	L6UX DUE TO	mill
	Conditions, if any, which (b)	/ lettering
	gave risa to immadiata causa DUE TO	
	causa last, (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 208. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW NJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINES),	PERFORMED?
	208. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW NJURY OCCURED	. (Entar natura of in ury in Part Lor Part II of (tem 18.)
	OR CONTRIBUTING CAUSE OF DEATH	s fingli ruliu of ili day in tall for tall in at home you
	TO THE STATE OF TH	CE OF INJURY (Homa, farm, 20f. (City or town) (County) (5tate)
	Hour a.m. Whila Not Whila 19 at work at work	1
	21. I certify that (I) (this hospital) attended the deceased from.	195.4 to
		death occured 72.30AM from the causes and on the date stated above.
		death occured at
н	22e. STENATURE	ATTENDING MED STAFF SIGNED
1		D. PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN'S NAME (Typa)	22d. ADDRESS
	Dr. George M. Simons, MD	Algonquin Hotel, Cumberland, Md.
	238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Rurial 10-3-1961 Sunset Memo	orial Park Cumberland, Md.
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	24 CONCENT DIRECTOR 9 SIGNATURE MUNICIPAL MUNI	
,	James F. Scarpelli, Cumberland, Me	1. DATEOCT 4 '61 Outling S. Hama

within 24 hours after destrictions of the following physician.

Z A CHANGERAL DIRECTOR: After this certificate has been signed by the attending physician and compactely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, while 72 hours after death. ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exe TO I



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EX	Writi	er	R:
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DIC	Fcol	the	IRE
×	ertit	0	0
D DECKLY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please exe-	0	dec.	> FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation,
0.00	Jo.	MO	S
0	cot	for	-

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10948 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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	8	1 5	ч.	43.	1
Reg. Dist.	No:-	160	45	1	裏

ī	PLACE OF DEATH					2. USUAL RESIDENCE (V	Vhere decease			ce before oc	Imission)		
	Allegany MARYLAND C. STATE Maryland b. COUNTY Al								Y All	Legan	У		
	b. CITY OR TOWN (If and give necrest town)	outside corporate limits, write	EURAL	c. LENGTH OF STAY IN	116	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)							
	Cumberlar			4Iyrs		Cumberl	and	0					
	d. NAME OF HOSPITA	L OR INSTITUTION (f not in h	ospital, give street address)		d. STREET ADDRESS		1		e, IS	RESIDENCE IN A FARM?		
L	2I3 Cecelia St. 2I3 Cecelia									YES NO			
3	NAME OF DECEASED	Fire		Middle		Lost	4. DATE OF	Moni	h	Day	Year		
L	Type or print) Effic F. Wright DEATH Oct. 6,									196I			
5	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday)										NDER 24 HRS.		
	F		WIDOW	ED DIVORCED]	August 25	,1877	84 ym.	Months D	Pays Hous	rs Min.		
1	during most of working	N (Give kind of work of life, even if retired)	dane 10b.	KIND OF BUSINESS OR IN	IDUSTR	11. BIRTHPLACE (Slote	ar fareign co	ountry)	12. CITIZ	EN OF WH	AT COUNTRY?		
	Housewij		(Ownhome		Augusta	, 源.V	a.		USA			
1	3. FATHER'S NAME					14. MOTHER'S MAIDEN N	NAME						
	David H.	Wright				Elizabet	h And	erson					
) [5. WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16	SOCIAL SECURITY NO.	17. INI	ORMANT		Address					
1,	No.	(If yes, give war or dates of	servicej	None		Laurence E	_ wri	ght Old	itown	Road			
F		H [Enter anly one cay	se per line	o for (a), (b), and (c).				3111		INTERVAL BET	IWEEN A		
	PART I. DEATH WAS CAUSED BY: DITI MONIADY TITESCODDIES CHO MESCATION										3-4 ME NOME		
1	Conditions if any which as EROSION OF LYMPH NODE IN BRONCHUS										-		
		gove rise to immediate couse											
	(a), slating the uncouse last.	nderlying DUE TO											
1,		P SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH	BLIT NO	OT RELATED TO THE JERMI	NAI DISEASE	CONDITION GI	VEN IN PART	1(n) 19 WA	SAUTOPSY		
1	17.00		2	The state of the s		THE STEE OF THE TERMS	11/20102/00	CONDINONO	TELT HYTERE	PER YES ()	FORMED?		
010	20g. EXTERNAL CAUS	SE WAS 20	b. DESCRI	BE HOW INJURY OCCURR	ED. (En	er nature of jointy in Parl	L or Port II o	of item 18 I		163 [2	I NO []		
CEOTICIC ATION		TRIBUTING [D. DEJER	DE TION HOURT OCCUR.	an lan	or renove or injury in Fort	1101101111	21 Helli 14.j					
A CHICAGO	20c. TIME OF INJUR	Y Month, Day, Yea	-		PLACI	OF INJURY (Home, form	20f. (City	or lown)	{Coun	ily)	(Slote)		
200	Hour a.m.	19	Whi of v	ile Not white vork at work	TOCION	y, street, office bldg., etc.	1						
	21, I certify the	at I took charge	of the	remains described	abov	e, held an Autaps	y 🔯 . In	spection 🕱	Inquiry	X), one	d find that		
	death resulted	from: Natural	causes	Accident .	Suici	de . Homicide	T. Un	determined	cause \square .				
		1	,,	111									
	ACTUAL -	Senedio	f.	Skitarel	1/2	CHIEF MEDICAL EX	AMINER 🗆			DAT	E SIGNED		
	SIGNATURE	consume.		2 rapides	1	ASSISTANT MEDIC	_						
	EXAMINER'S NAME (Type)	BENEDICT	SKIT	ARELIC? M.	D.	DEPUTY MEDICAL I	-	T 0 1	ber	6, 19	961		
2	20. BURIAL CREMATION	N, 226. DATE THEREC	F	22c. NAME OF CEMETER	Y OR C	REMATORY	22d. LOCAT	ION (City, town,	ar county)	(SI	tote)		
	Burlal (Specify)	IQ - 9-	-6I	Sunset M	emo	rial Park	Cumb	erland	,Md.				
2	3. FUNERAL DIRECTOR'S			ADORESS		1	BY REGISTE	AR 24b. REGI	STRAR'S SIGN	NATURE			
	James F	. Scarpe.	Lli	Cumberland	, Md	. DATECT	1 0 '61	0.1	lua 8 ft				
										CALL TO SERVICE			

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2

10949 CERTIFICATE OF DEATH

2007	V			
1. PLACE OF DEATH 6. COUNTY		2. USUAL RESIDER	VCE (Where decessed lived, If institution b. COUNTY	on. Residence before edmission
ALLEGANY	MARYLAND			LLEGANY
b. CITY OR TOWN (if outside corporate li	mits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporete limits, write RURAL	end give nearest town)
write RURAL end give neerest town) CUMBER LAND	13 DAYS	Od CHM	BERLAND	
d. NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE
				ON A FARM?
MEMORIAL HOSPITAL		40	4 MARYLAND AVENUE	YES NO X
3. NAME OF Fir	st Middle	Lest	4. DATE Month	Day Yeer
	OHN W.	YERGAN	DEATH OCTOBER	4 1961
S. SEX 6. COLOR OR RAC	E 7. MARRIED Y NEVER MARRIED B	DATE OF BIRTH	9. AGE (In years IF UND	ER TYEAR IF UNDER 24 HRS.
	The same of the sa		lest birthdey) Month	s Deys Hours Min.
MALE WHITE	WIDOWED DIVORCED	11-2-1887	73 yes.	
Oe. USUAL OCCUPATION (Give kind of wo		11, BIRTHPLACE (Cou	inty & State, or foreign country) 12.	CITIZEN OF WHAT COUNTRY
	LAUNDRY	CUMBER	LAND, MARYLAND	U.S.A.
3. FATHER'S NAME	4410410114	14. MOTHER'S MAIDEN		
FREDERICK YERGAN		CLARA M	ARVIN	
5. WAS DECEASED EVER IN U.S. ARMED FO	ORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
(Yes, no, or unkown) (Ifyesgivewarordeleso	ofservice)	MODIAL HOSP	ITAL - CUMBERLAND,	MADYLAND
NO	E14 V3 0320A	MUNTAL HOSF	TIME A COMDENEMIND,	
18. CAUSE OF DEATH [Enler only or	_ /			ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (Maemi	-		2 with
451X DUE TO	0 - 4	^		
	Descetorio /	Lucurus	made of	10 m
Conditions, if eny, which		0	1	
(e), stetling the underlying DUE T	0 1111	V /	2. 1. b	
ceuse lest.	d como m	end c		
PART II. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT NO	RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN IN P	ART 1(a) 19. WAS AUTOPSY
Ĕ.				PERFORMED?
200. ACCIDENT WAS UNDERLYING	206. DESCRIBE HOW INJURY OCCURED.	(Enter nature of Injury is	Peri I or Pert II of item 18.1	
OR CONTRIBUTING CAUSE OF DEATH	H	femal mainta of julnik ve	rent for ren ii of hem ib.)	
	R)		and the first section of	
20c, TIME OF INJURY Month, Day, 1	1. 1	CE OF INJURY (Home, fer		County) (Siete)
Hour e.m.	While Not While Tector	ry, street, office bldg., at	(6.)	
		A	G 0'44 11	
21. I certify that (I) (this host	pital) attended the deceased from	Janes		1920. (, that (I) (we) la
saw the deceased alive on.	1966, and that	death occured at.	2.1.M, from the causes and o	on the date stated above
22e. SIGNATURE				10 / 22b. DATE
plan /	Junet	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	6/ SIGNE
22c. PHYSICIAN'S	м.	22d, ADDRESS	Director Tillo:	- 141
NAME (Type)			VIBOINIA AVENUE C	INDERLAND NO
DR. CLAY	E. DURRETT	236	VIRGINIA AVENUE, C	UMDERLAND, MU.
230. BURIAL, CREMATION, 236. DATE TH	HEREOF 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or co	ounty) (State)
BURIAL OCT. 7.	1961 Hillcrest Bu	rial Park	Cumberland, Md	
	ADDRESS		EC'D BY REGISTRAR 25b. REGISTRAR	
24 FUNERAL DIRECTOR'S SIGNATURE				
Byron Kight	Cumberland, Md.	DARP"	T 1 0 '61 arthur S.	Tiralla

TO HC SAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death rage 4 may be retained by the hospital or attending thysician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complimitation by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depth.

Mark St.

MENDRIAL ROSPITAL

ALTER XOTER SET

SHE WALVEN ACE

CACTOD INDRAY 13 1

1851-9-11

. N.E. ON DYRENCHER REGION

MALERIA, CHARLES - UNITED INTERNAL

18/3/2

DE GLAF E. DUPSET! PSG AIR (NI) ANERE, CUSEUM OF, NO.

AND THE PERSON AND ADDRESS OF THE REAL PROPERTY.

A. (C.)